



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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SECRETARY OF STATE  
STATE OF IDAHO

RECEIVED  
EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Marion's Nutrition

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Marion Wallace	132 Main Ave S, Twin Falls, ID, 83301

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Marion Wallace, RN

2589 E, 3700 N, Twin Falls, ID, 83301

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Marion Wallace, RN

2589 E, 3700 N, Twin Falls, ID, 83301

Secretary of State use only

Signature: Marion Wallace, RN

(signature required)

Printed Name: Marion Wallace

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
10/10/2008 05:00  
CK: 3689 CT: 158018 BH: 1139601  
1 0 25.00 = 25.00 ASSUM NAME # 2

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