



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

HEALTHY FOR LIFE

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

Time For Tot's Inc.
(C-139241)

2544 E. Ferry Landing
Post Falls, Idaho 83854
(208) 457-1905

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

HEALTHY FOR LIFE
2544 E. Ferry Landing
Post Falls, Idaho 83854

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

(Same)

Phone number (optional):

(208) 457-1905

Signature: Jan Weddle

(signature required)

Printed Name: Jan Weddle

Capacity/Title: V. Pres. Time For Tot's Inc

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn p65
Revised 08/2002

IDaho SECRETARY OF STATE
11/18/2002 05:00
CK: 182 CT: 158010 BH: 646637
1 @ 20.00 = 20.00 ASSUM NAME # 2

D60011