



CERTIFICATE OF ASSUMED BUSINESS NAME

 SECRETARY OF STATE
STATE OF IDAHO

Form.

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

FILED EFFECTIVEPlease type or print legibly.Instructions are included on back of application.

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

Benjamin's Neo-Life

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

NameComplete Address

Beth Barr

9900 Red Fox Drive, Nampa, ID 83686

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Beth Barr

9900 Red Fox Drive

Nampa, ID 83686

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

Signature: Beth BarrPrinted Name: Beth BarrCapacity/Title: OwnerSignature: Beth BarrPrinted Name: Beth

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/17/2011 05:00
CK: 5843 CT: 150010 DH: 1260407
1 @ 25.00 = 25.00 ASSUM NAME # 2

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