



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.
Instructions are included on back of application.

11 SEP 30 PM 12:56

SECRETARY OF STATE
STATE OF IDAHO

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

AMERICAN PHARMA

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

AMERICAN PHARMA TECHNOLOGIES LLC

W 104 641

280 N. 8TH ST, SUITE 206

BOISE, ID 83702

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

<input 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:

RAY SASSO

5730 FIELDCREST DR

BOISE, ID 83704

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

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

Signature: Ray Sasso

Printed Name: RAY SASSO

Capacity/Title: CEO

Signature: Ray Sasso

Printed Name:

Capacity/Title:

Secretary of State use only

IDaho SECRETARY OF STATE
09/30/2011 05:00
CK: 2345 CT: 262917 BH: 1292563
1 @ 25.00 = 25.00 ASSUM NAME # 2