



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.

2014 FEB 14 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

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

Healthy Glow Idaho

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

Name

Desiree Goodin

Complete Address

5001 Mohawk St.

Pocatello, ID

-83204 -

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:

5001 Mohawk St.
Pocatello, ID
-83204 -

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 to (if other than #4 above):

Desiree Goodin
5001 Mohawk St.
Pocatello, ID -83204 -

Secretary of State use only

Signature: Desiree Goodin

Printed Name: Desiree Goodin

Capacity/Title: Owner / Operator

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
02/14/2014 05:00
CK: 2885 CT: 240497 BH: 1410623
1 @ 25.00 = 25.00 ASSUM NAME # 2