

CERTIFICATE OF ASSUMED BUSINESS NAME **FILED**

99 JAN -8 AM 8:10

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

FAMILY WELLNESS

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

Name	Address
<u>DONALD J. REED</u>	<u>P.O. Box 616 SAGLE, ID. 83860</u>
<u>ELLEN M. REED</u>	<u>P.O. Box 616 SAGLE, ID. 83860</u>

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

Wholesale Trade & Retail Trade
See categories on the reverse

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

DONALD J. REED
P.O. Box 616 SAGLE, ID. 83860

Signed Donald J. Reed
By _____

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

01/08/1999 09:00
CK: 3000 CT: 109321 BN: 177007

1 @ 20.00 = 20.00 ASSUM NAME # 2

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