CERTIFICATE OF ASSUMED BUSINESS N

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Rusiness Name

	option of an Assumed Business	
1.	business is:	which the undersigned use(s) in the transaction of
	AULS	OF NUTRITIONAL SUPPLEMENTS
2.		address(es) of the entity or individual(s) doing
	Name	Addroce
	ERIBGRIA E CORN	(BL 0730 S 12 W MTN. HOME IS
		83/47
		* *
		i.
3.	The general type of business tra	ansacted under the assumed business name is:
	15	
	<u>RETAIL TRADE</u>	
	See categories on the reverse	
		· •
4.	The name and address to which	h correspondence should be addressed:
	ERIBERTA E. CORM	▼ 1
	4730 S 194 W	
	MTN HOME II)	R3647
		Signed MAR M. Cornell
		orgined 7 - 7 - Grand Transfer of the Control of th
		BY EXIBERTA E _ CORNER
		By ERIBERTA E _ CORNECC Capacity Proprietor
		Capacity Proprietor
	Submit Certificate of Assumed	Capacity Proprietor Customer# D 18087
	Submit Certificate of Assumed Business Name and \$20.00 fee	Capacity Proprietor Customer# D 18087
	Business Name and \$20.00 fee	Capacity Proprietor Customer # D 18087 to:
	Business Name and \$20.00 fee Secretary of State	Capacity Proprietor Customer # D 18087 to:
	Business Name and \$20.00 fee Secretary of State 700 West Jefferson	Capacity Proprietor Customer # D 18087 to:
	Business Name and \$20.00 fee Secretary of State 700 West Jefferson PO Box 83720	Capacity Proprietor Customer # D 2027 to: 11/03/1998 89:00
	Business Name and \$20.00 fee Secretary of State 700 West Jefferson	Capacity Proprietor Customer # D PORT to: 100