



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 MAR 14 AM 9:00

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

DR HEEL PAI N

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

Molecular Nutrition, Inc 4473 N. MT CARROL ST
(C152644) Coeur d'Alene, Id. 83813

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 | |

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:

L10lyn lobran
4473 N MT CARROL ST
Coeur d'Alene, Id 83815

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

Signature: L10lyn lobran

Printed Name: L10lyn lobran

Capacity/Title: President

Signature: L10lyn lobran

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/14/2014 05:00
CK: 1739016 CT: 172099 BH: 1415304
1 @ 25.00 = 25.00 ASSUM NAME # 2

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