

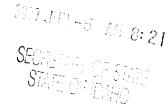
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.





	tal Vitamins Labs
business under the assumed busines	
Name	Complete Address
Erika Meireles Dos Santos	5012 Park lane
	Boise Idaho 83714
Retail Trade Transpo	
Services	Assumed Business Name and \$25.00 fee to
 The name and address to which futue correspondence should be addressed 	700 14/ 1-5
5012 Parkiane	PO Box 83720
Boise Idaho 83714	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle	edgment Phone number (optional):
COPY IS (if other than # 4 above).	208-863-5909
	Secretary of State use only
gnature	CK: 1052 CT: 214888 BH: 1
nted Name: Erika Meireles Dos Santos	IDAHO SECRETARY OF STA
	IDAHO SECRETARY OF STA 96/05/2007 05
pacity/Title: President (see instruction # 8 on back of form)	