

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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

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

NUTRIENTS ONLINE

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	Complete Address
<u>Herbert W. OLIVER DC</u>	<u>5515 OVERLAND ROAD Boise 83705</u>
<u>MARTHA M. JENKINS DC</u>	<u>5515 OVERLAND ROAD Boise 83705</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

NUTRIENTS ONLINE

5515 OVERLAND ROAD

Boise ID 83705

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 04/03/1997
0900 79440 2

CK #: cash CUST# 79275
ASSUM NAME 1@ 20.00= 20.00

: D

Signature: Herb W. Oliver DC

Printed Name: Herbert W. OLIVER DC

Capacity: OWNER

(see instruction # 8 on back of form)