



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

2006-03-29 0:47

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

FRUITION (natural Health & Beauty)

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

Name

Wendy Marie Gray

Complete Address

P.O. Box 1033
Ketchum, ID 83340

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

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

Wendy Marie Gray
P.O. Box 1033
Ketchum, ID 83340

Submit Certificate of
Assumed Business
Name and ~~\$25.00~~ fee to:

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

Phone number (optional):

(208) 721-1421

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

SAME

Signature: Wendy Marie Gray
(signature received)

Printed Name: Wendy Marie Gray

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:corp form 1001 p65
Revised 09/2002

IDAHO SECRETARY OF STATE
03/29/2006 05:00
CK: 1317 CT: 158010 BH: 946032
1 E 25.00 = 25.00 ASSUM NAME # 2

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