



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

2003 JUN -6 AM 9:01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Vital Existence

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

Stephen Rawlings

4567 Cavendish Hwy.
Lenore, ID 83549

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 checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Vital Existence

4567 CAVENDISH Hwy
Lenore, ID 83541

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

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

Phone number (optional):

Signature: Steve Rawley
(signature Required)

Printed Name: Stephen Rawlings

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDaho SECRETARY OF STATE
06/23/2003 05:00
CK: 2072 CT: 150010 BH: 687425
1 @ 25.00 = 25.00 ASSUM NAME # 2