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CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO: OCT 8 1 27 PM '97

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

   4 OUR HEALTH

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
CHERI GAVIN	9135 S. Linder Road Meridian, ID 83642

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

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

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

   4 OUR HEALTH
   9135 S. Linder Road
   Meridian, Idaho 83642

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

Signature: Cheri Gavin

Printed Name: CHERI GAVIN

Capacity: Owner
(see instruction # 5 on back of form)

Submit Certificate of Assumed Business Name and $30.00 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
10/08/1997 09:00
CK: CASH CT: 88290 BH: 45340
1 @ 20.00 = 20.00 ASSUM NAME

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