



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 APR 30 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

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

Pure Life Health

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Da Costa Health LLC 1525 Main Avenue, St. Maries Idaho 83861

(Name) (W197B92) (Address)

Denzil Da Costa 2820 Little Carpenter Creek Rd. Fernwood Idaho 83830

(Name) (Address)

Sussannie Da Costa 2820 Little Carpenter Creek Rd. Fernwood Idaho 83830

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Pure Life Health

(Name)

1525 Main Avenue

(Address)

St. Maries

Idaho

83861

(City)

(State)

(Zipcode)

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

Denzil Da Costa

(Name)

2820 Little Carpenter Creek Rd

(Address)

Fernwood

Idaho

83830

(City)

(State)

(Zipcode)

Printed Name: Denzil Da Costa

Signature:

Printed Name: Sussannie Da Costa

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/30/2018 05:00

CK:1012 CT:357069 BH:1641124
1@ 25.00 = 25.00 ASSUM NAME #2

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