

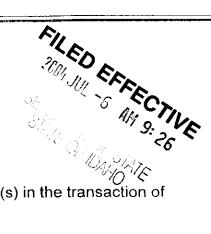
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)



D77909

The assumed business name which the under	preigned use(s) in the transaction of
business is:	and the state of t
CARE NUTRI	TION
The true name(s) and <u>business</u> address(es) of business under the assumed business name	of the entity or individual(s) doing :
<u>Name</u>	Complete Address
ANTHONY PAQUIN.	217 GARDEN AVE, UNIT A COEUR D'Alene, ID 83814
	COEUR D'Alene, ID 83814
3. The general type of business transacted und	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	and Public Utilities
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
ANTHONY PAQUIN	PO Box 83720
217 GARDENAUE, UNITA	Boise ID 83720-0080 208 334-2301
COEUR PALENE, ID 8381	14
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY IS (if other than # 4 above).	407-729-3553
	<u> </u>
	Secretary of State use only
Printed Name: ANTHUNY PAQUIN Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 17/06/2004 05:00 CK: 1254 CT: 158010 BH: 753962 CK: 25.00 = 25.00 ASSUM NAME # 2