



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

10 NOV 19 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

VILLAGE APOTHECARY

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

Pharma Donna LLC

P.O. Box 298, Hailey, ID 83333

(W96110)

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

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

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

Village Apothecary

P.O. Box 298

Hailey, ID 83333

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Paula K. Shaffer

Printed Name: Paula K. Shaffer

Capacity/Title: Managing Member

Signature: Catherine D. Swink

Printed Name: Catherine D. Swink

Capacity/Title: Member

Secretary of State use only

IDAHO SECRETARY OF STATE
11/19/2010 05:00
CK: 3845 CT: 118278 BH: 1247905
1 @ 25.00 = 25.00 ASSUM NAME # 2

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