



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT 28 AM 8:46
SECRETARY OF STATE
STATE OF IDAHO

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

FUNCTIONAL MEDICINE Supplements

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):

(Name) CTL Research, LLC (Address) 951 E. Plaza DR., Suite 120, Eagle
(Name) (W49970) (Address) IDAHO 83616

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

FUNCTIONAL MEDICINE Supplements
(Name)
951 E. Plaza DR., Suite 120
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

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

BILL LUCKS
(Name)
951 E. Plaza DR., Suite 120
(Address)
Eagle ID 83616
(City) (State) (Zipcode)

Printed Name: William Lucks

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/28/2016 05:00

CK:2196 CT:266663 BH:1552888
10 25.00 = 25.00 ASSUM NAME #2

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