



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

08 SEP -2 AM 9:51

SECRETARY OF STATE
STATE OF IDAHO

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

Clearwater Nutrition

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
William E. Allman III	P.O.Box 607, Kooskia, ID. 83539
Barbara A. Allman	P.O.Box 607, Kooskia, ID. 83539

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

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

William E. Allman III
P.O.Box 607
Kooskia, ID, 83539

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

Secretary of State use only

Signature: William E. Allman III
(signature required)

Printed Name: William E. Allman III

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/02/2008 05:00
CK: 148617 CT: 172899 BH: 1134033
1 @ 25.00 = 25.00 ASSUM NAME # 2

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