

10-14-03



## 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.

2003 OCT 16 AM 8:57

Please type or print legibly.NOTE: See instructions on reverse before filing.SECRETARY OF STATE  
STATE OF IDAHO

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

The Low Carb Store

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Linda L. Elder

Complete Address

1317 River St., Boise, ID 83702

Jennifer A. Elder

1317 River St., Boise, ID 83702

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

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

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Linda Elder

1317 River Street

Boise, ID 83702

Phone number (optional):

208-343-3115

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

Signature: Linda Elder, owner  
(signature required)

Printed Name: Linda L. Elder

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

corp form 1010 p65  
Revised 04/2003

IDaho SECRETARY OF STATE  
10/16/2003 05:00  
CK: 2392 CT: 150010 BH: 786816  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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