

Capacity/Title: UWner

(see instruction # 8 on back of form)

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.

10 APR -2 AM 8:53

SECRETARY OF STATE

2. The true name(s) and business address(es) of the business under the assumed business name: Name Gloria Flugstad 807	
	8353
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Back to Basic Wellness 807 Fall Ave. Kooskia, 10 83539 5. Name and address for this acknowledgment	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
copy is (if other than #4 above):	Phone number (optional):

CK: 100364743 CT: 150010 BH: 1215855