

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

HEALTHY LIFESTYLES

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

Name	Complete Address
<u>TERESA A. DEBLIECK</u>	<u>11774 W. DASON CT.</u>
<u></u>	<u>BOISE, ID 83713</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): (208) 939-2668

TERESA DEBLIECK
11774 W. DASON CT.
BOISE, ID 83713

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

SAME AS ABOVE

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Signature: Teresa DeBlieck

Printed Name: TERESA DEBLIECK

Capacity: PRESIDENT, CEO

(see instruction # 8 on back of form)

1840-0001 of State Registry

02/03/1998 09:00
CK: 469 CT: 93642 BH: 0710

1 @ 20.00 = 20.00 ASSUM NAME 71

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