

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 JUL -7 PM 3: 12

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Health Matters Store	
2. The true name(s) and business address(es) of business under the assumed business name: Name Gloria E. Gilbére , LLC (W16531)	the entity or individual(s) doing Complete Address P.O.Box 1565, Sandpoint, ID 83864
3. The general type of business transacted under Practice Trace Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Gloria E. Gilbére P.O.Box 1565 Sandpoint, ID 83864	
5. Name and address for this acknowledgment copy is (if other than #4 above): See #4	Secretary of State use only Socretary of State use only Socretary of State use only IDAHO SECRETARY OF STATE A 7 / A 7 / A 19 9 9 5 1

CK: 6182 CT: 238611 BH: 1177876 8 25.88 = 25.88 ASSUM NAME # 3

