

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.

MAY 6 12 17 PM

SECRETARY OF STATE



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

~~HEALTHMATES~~ Health-mates

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

Cindy Amandus 279 Amanita, Eagle ID 83616

Lettie Kline 1680 E. Stadler Ct, Eagle ID 83616

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 type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Cindy Amandus
279 Amanita
Eagle, ID 83616

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

Secretary of State use only

Signature: Cindy Amand

Printed Name: Cindy Amandus

Capacity: Partner

(see instruction # 8 on back of form)

Revision 2/87

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IDAHO SECRETARY OF STATE

DATE 03/06/1997

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CK #: 1532 CUST# 77744

ASSUM NAME 1@ 20.00= 20.00

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