|   | FILED EFFEC  |
|---|--|
| CERTIFICATE OF  |  |
| ASSUMED BUSINESS  | S NAME   |
| Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed E   |  |
| Please type or print legibly.   |  |
| Instructions are included on back of ap   | plication. SECRETARY OF STATE<br>STATE OF IDAHO  |
| 1. The assumed business name which the ur   |  |
| business is:  | idersigned dects) in the datisaduon of   |
| Nutrishop Coeur d'Alene   |  |
|   |  |
| <ol> <li>The true name(s) and <u>business</u> address(ex<br/>business under the assumed business name</li> </ol>  |  |
| Name  | Complete Address   |
| Schindelbeck, Inc.  | 3516 N. Government Way   |
| (C198285)   | #105   |
|   | Coeur d'Alene, ID 83814  |
| Retail Trade  | on and Public Utilities  |
| <ul> <li>Wholesale Trade Construction</li> <li>Services Agriculture</li> <li>Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:<br/>Toby Schindelbeck</li> <li>212 W. Ironwood Dr, Ste D, #237</li> <li>Coeur d'Alene, ID 83814</li> <li>Name and address for this acknowledgme copy is (if other than #4 above):</li> </ul>   | e Submit Certificate of<br>Assumed Business<br>Name and <b>\$25.00</b> fee to:<br>Secretary of State<br>450 North 4th Street<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301                                |
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