

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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.

01 APR 20 AM 9:07

1. The assumed business name which the undersigned ^{SECRETARY OF STATE} in the transaction of business is:

Advanced Alternatives

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

Address

LEEAnn Jacobson

1049 Vine Ave Ida Falls Id.

David A. Jacobson

1049 Vine Ave. Ida Falls Id.

83402

3. The general type of business transacted under the assumed business name is:

Health, Nutrition, Weight Loss Retail / Wholesale Trade
See categories on reverse side No. 5

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

LEEAnn Jacobson

1049 Vine Ave. Idaho Falls, Id. 83402

Signed Lee Ann Jacobson

By _____

Capacity Owner

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

Secretary of State
700 West Jefferson
P. O. Box 83720
Boise, ID 83720-0080

IDAHO SECRETARY OF STATE
Customer#

04/20/2001 09:00
CK: 1002 CI: 145326 DI: 392400

10 20.00 - 20.00 ASSUMED NAME FEE

D44604