



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

2002 NOV 28 PM 6:55

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

REAL HEALTH AND NUTRITION

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

Name

Complete Address

CAROL L. SCHULTZ

1620 S. ROBINSON BLVD., NAMPA, ID 83687

ARTHUR L. SCHULTZ

1620 S. ROBINSON BLVD., NAMPA, ID 83687

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

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

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

1117 CALDWELL BOULEVARD

NAMPA, IDAHO 83651

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

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

Phone number (optional):

(208) 465-7948

Secretary of State use only

Signature: Carol L. Schultz
(signature required)

Printed Name: CAROL L. SCHULTZ

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
11/28/2002 05:00
CK: 8267 CT: 165135 BH: 647871
1 @ 20.00 = 20.00 ASSUM NAME # 2

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