

FILED/EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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. 02 FEB 11 AM 9:15

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

~~Oils & Herbs 4 You~~ Oils 4 you

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
Lisa Ann Jones	1524 Clairview Lane
	Idaho Falls, ID 83402

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:

Phone number (optional): (208) 523-9960

Lisa Ann Jones  
1524 Clairview Lane  
Idaho Falls, ID 83402

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: Lisa Jones

Printed Name: LISA JONES

Capacity: CEO

(see instruction # 8 on back of form)

Revision 12/99  
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IDAHO SECRETARY OF STATE  
02/11/2002 05:00  
CK: 8070 CT: 157117 BH: 445363  
1 @ 20.00 = 20.00 ASSUM NAME # 2  
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