

FILED/EFFECTIVE

2002 MAY -3 AM 9:02

CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE
STATE OF IDAHO

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.

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

Holistic Nutrition Resources

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

Crane Chiropractic, Inc. 251 E 300 So. Burley ID 83318
(C-113148) Chartered

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

nutritional Consulting & Educating
See categories on the reverse

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

Troy Crane 251 East 300 South Burley ID 83318

Signed Dr. Troy W. Crane
By President
Capacity President / CEO

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
05/03/2002 05:00
CK: 2799 CT: 158818 BH: 463456
1 @ 20.00 = 20.00 ASSUM. NAME # 2

D54642