## FILED EFFECTIVE

227	and the second
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B Please type or print legibly. NOTE: See instructions on reverse before	S NAME he undersigned SECRETARY OF STATE Business Name. STATE OF IDAHO
1. The assumed business name which the und business is: <u>Now + Zen Body u</u>	
2. The true name(s) and business address(es) business under the assumed business nam Name <u>Carly Kauffman</u>	) of the entity or individual(s) doing he: Complete Address <u>PO Box 2091</u> <u>Hayden Td 83835</u>
<ul> <li>3. The general type of business transacted und</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4 The name and address to which future correspondence should be addressed: Carly Kauffman Po Box 2091 Haydin To 83835	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmen copy is (if other than # 4 above).</li> </ol>	At Phone number (optional): 208 - 704-4536 Secretary of State use only
Signature: <u>C. Kauthytan</u> Printed Name: <u>Carly Jean Kauthman</u> Capacity/Title: <u>Duner / Manager</u> (see instruction # 8 an back of form)	IDAHO SECRETARY OF STATE 03/21/2008 05=00 CK: 2427 CT: 158810 BH: 1105842 1 0 25.00 = 25.00 ASSUN NAME # D /20/87