CERTIFICATE OF ASSUMED BUSINESS NAMEFILED

| | the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code option of an Assumed Business Name. | DAHO e, the undersigned gives notice of 19:05 | |
|----|---|---|--|
| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: Staff of Life | | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | |
| | <u>Name</u> | 1198 Liante Rd | |
| | Fin Frices | P.C. Box 652 Solgle, FD 83860 | |
| 3. | The general type of business transacted under the assumed business name is: | | |
| | See categories on the reverse | <u>'</u> | |
| 4. | The name and address to which correspondence should be addressed: 10. 6(x 1.52 State 70 83860 | | |
| | Signed By == Capacity | Stoff of The June 1 | |
| | Submit Certificate of Assumed Business Name and \$20.00 fee to: | Customer # | |
| | | Secretary of State use only | |
| | Secretary of State 700 West Jefferson | IDANO SECRETARY OF STATE 5 61/21/1999 69:00 | |
| | PO Box 83720 | 01/21/1999 09:00 CX: 862 CT: 189959 IN: 188666 | |
| | Boise ID 83720-0080 | 1 8 28.88 = 28.88 ASSUM NAME 8 3 | |