



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.

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

Nature's Way

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
<u>Susan L. Salove</u>	<u>23193 Forest Hills Loop</u> <u>Caldwell ID 83605</u>
<u>Neal M. Salove</u>	<u>23193 Forest Hills Loop</u> <u>Caldwell ID 83605</u>

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) 453-1241

Nature's Way
23193 Forest Hills Loop
Caldwell ID 83605

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

IDAHO SECRETARY OF STATE

05/13/1999 09:00
CK: 181 CT: 115492 BH: 216608

1 @ 20.00 = 20.00 ASSUM NAME # 2

D25969

Signature: Susan L. Salove

Printed Name: Susan L. Salove

Capacity: Sole Proprietors

(see instruction # 8 on back of form)

Revised 1/98
© Corporation/individual p/b