

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

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.

89 APR 19 AM 9:16

STATE OF IDAHO

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

Olaveson Therapeutic Massage

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	Address
<u>John Olaveson</u>	<u>1840 EAST 1st St., Idaho Falls, ID 83401</u>
_____	_____
_____	_____

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

Services

See categories on the reverse

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

John Olaveson - 9666 Canyon Ave.

Idaho Falls, ID 83402

Signed _____

By _____

John Olaveson

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

9:30pm 4/19/99 10:00pm 4/19/99

IDAHO SECRETARY OF STATE

04/19/1999 09:00
CK: 1051 CT: 114235 BH: 200201

1 @ 20.00 = 20.00 ASSUM NAME # 2

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