

FILED/EFFECTIVE



# 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:

Ketchum Massage Therapy

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>Thomas J West</u>	<u>128 Saddle Road</u>
<u></u>	<u>Ketchum, Idaho</u>
<u></u>	<u>83340</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input 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 checked="" 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): \_\_\_\_\_

Thomas J West  
Po 3933 Ketchum  
83340

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Wells Fargo Bank  
491 Sun Valley Rd  
Ketchum, ID 83340

Signature: Th West

Printed Name: Thomas J West

Capacity: owner

(see instruction # 8 on back of form)

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  
IDHO SECRETARY OF STATE

11/17/2000 09:00  
CK: NO CK # CT: 138672 DM: 361670

1 @ 20.00 = 20.00 ASSUM NAME # 2

V40603