227	FILED EFFECTIVE
CERTIFICATE ASSUMED BUSINE Pursuant to Section 53-604, Idaho Coor submits for filing a certificate of Assum Please type or print legibly instructions are included on back of	SS NAME. de, the undersigned red Business Name. V.
1. The assumed business name which the business is: Sweet Relief Massage Therapy	a undersigned use(s) in the transaction of
<ol> <li>The true name(s) and <u>business</u> address business under the assumed business r</li> <li>Name and addr<u>Name</u>: this acknowledon Laurel M Jones, LMT</li> </ol>	name:
3. The general type of business transacted         Retail Trade       Transportal         Whölesäle Träde       Construction         Services       Agriculture         Manufacturing       Mining         Finance, Insurance, and Real Estat         4. The name and address to which future correspondence should be addressed:         Sweet Retief Massage Therapy         321 Sunnyside Hill Rd, Sandpoint Id 83864	tion and Public Utilities on Submit Certificate of
5. Name and address for this acknowledgm copy is (if other than #4 above):	nent
Signature: <u>Jaural Jones, LMT</u> Printed Name: <u>Laural Jones, LMT</u> Capacity/Title: <u>Licensed Massage Therapist</u>	Secretary of State Use only
Signature: Printed Name: Capacity/Title:	
21/2012 abh.prad Nav.	D168766