

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFF



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.

6 1 40 PM '00

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

Nola's Chair 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	Complete Address
<u>Nola DeKeyser</u>	<u>5613 W. Lucky dr</u>
	<u>Boise, ID 83703</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): 859-3333

Nola DeKeyser  
5613 W. Lucky dr  
Boise, ID 83703

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  
 Secretary of State Use Only  
 0470772000 09:00  
 CR: CASH CT: 1294% IN: 306953  
 1 0 20.00 = 20.00 ASSUM NAME # 2

Revision 2/97  
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Signature: Nola Anne DeKeyser

Printed Name: Nola Anne DeKeyser

Capacity: \_\_\_\_\_

(see instruction # 8-on back of form)

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