

# 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.

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Nola Anne DeKeyser

Printed Name: Nola Anne DeKeyser

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

(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

1000 SECRETARY OF STATE

Secretary of State use only  
0478772000 09:00  
CR: CASH CT: 1294% IN: 306953

1 0 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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