

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

05 JUL 11 PH 1: 18

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRE STATE

HEAVEN SENT HANDS THERAPEUTIC MASS A GE	
The true name(s) and business address(es) of the business under the assumed business name:	
Name JENNESS LYNN JOHNSTON	Complete Address 1617 N 24TH STREET
JENNESS LYNN JOHNSTON	BOISE, ID 83702
	BOI3E, ID 03/02
	annumed huningge name is:
3. The general type of business transacted under the	assumed business name is.
Retail Trade Transportation and Pu	ıblic Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (208)353-2960
	Secretary of State use only
gnature: Signature Signat	IDANO SECRETARY OF STATE 97/11/2005 05 a CK: 569331 CT: 172099 DH: 8 1 8 25.00 = 25.00 ASSUM NA

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