

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

2009 that 22 PM 2: 16

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

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

The assumed business name which the undersigned business is:      Whitewater Massage	use(s) in the transaction of
2. The true name(s) and business address(es) of the er business under the assumed business name:  Name  Mithele L. Whitewater 324 E	ntity or individual(s) doing  Complete Address  Elder St. Nampa Id 83680
3. The general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the assemble in the general type of business transacted under the general type of	
4. The name and address to which future correspondence should be addressed:  Whitewater Massage  704 Nearborn  Caldwell Jd 831005	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-468-6196
Signature: Michelle L. Whitewater Capacity/Title: Owner Capacity/T	Secretary of State use only