CERTIFICATE OF ASSUMED BUSINESS NAME



(Please type or print legibly) To the SECRETARY OF STATE OF STATE	
To the SECRETARY OF STATE, STATE OF IDAHOUSE OF IDAHOU	
The assumed business name which the undersigned use(s) in the transaction of business is: Advanced Medical 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	
3. The general type of business transacted under the assumed business name is: Retail Trade	
4. The name and address to which future correspondence should be addressed: Advanced Medical Massage 421 Coeur d'Alene Ave. Unit L2	Submit Certificate of Assumed Business Name and \$20.00 fee to:
CL'A, TD 83814 5. Name and address for this acknowledgment copy is (If other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
on 27.97	Secretary of State use only

Signature: Aone C. Sunse Printed Name: Ione E. Sease

Capacity: Co-owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
12/04/2002 05:00
CK: 1200 CT: 165470 BH: 649288
1 0 20.00 = 20.00 ASSUM NAME # 2