



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
10 OCT 15 AM 9:07

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Angies Mobile Massage

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Angella Lynn Fullmer</u>	<u>1292 E. Loggers Pass Street</u>
<u></u>	<u>Meridian, ID 83642</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Angella Fullmer dba Angies Mobile Massage
1292 E. Loggers Pass St
Meridian, ID 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

Secretary of State use only

Signature: Angella Lynn Fullmer

Printed Name: Angella Lynn Fullmer

Capacity/Title: Owner

Signature: Angella Lynn Fullmer

Printed Name: Angella Lynn Fullmer

Capacity/Title: Owner/Operator

IDAHO SECRETARY OF STATE
10/15/2010 05:00
CK: 2068 CT: 158010 BH: 1243167
1 @ 25.00 = 25.00 ASSUM NAME # 2

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