

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Therapy Center

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

Address

Myrna Halverson

251 N Meridian  
Rupert, ID 83350

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

Massage Therapy

See categories on the reverse

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

Myrna Halverson  
251 N Meridian Rupert, ID 83350

Signed

Myrna Halverson

By

D Myrna Halverson

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

Idaho Secretary of State  
Revision 10/98  
e:\copyform\assumednm.pm

IDAHO SECRETARY OF STATE

10/26/1999 09:00  
CK: 210050293 CT: 2200 BH: 260994

1 @ 20.00 = 20.00 ASSUM NAME # 2

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