



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 AUG 19 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of **STATE OF IDAHO**

Healing Hands Massage Therapy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Rosierenee Lara      2250 Middlefield Rd      Boise      ID      83704  
(Name)      (Address)      (City)      (State)      (Zipcode)

(Name)      (Address)      (City)      (State)      (Zipcode)

(Name)      (Address)      (City)      (State)      (Zipcode)

(Name)      (Address)      (City)      (State)      (Zipcode)

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

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

4. Mailing address for future correspondence:

Rosierenee Lara

(Name)

2250 Middlefield Rd

(Address)

Boise      ID      83704  
(City)      (State)      (Zipcode)

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

(Name)

(Address)

(City)      (State)      (Zipcode)

Printed Name: Rosierenee Lara

Signature:

Printed Name: I

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/19/2015 05:00

CK:1842 CT:313642 BH:1488748

1@ 25.00 = 25.00 ASSUM NAME #2

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