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CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, for submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of ap	S NAME the undersigned Business Name.
<ol> <li>The assumed business name which the un business is: Blue Sky Foot Spa</li> </ol>	
2. The true name(s) and <u>business</u> address(e business under the assumed business nar <u>Name</u> Lan Li-Stone	s) of the entity or individual(s) doing me: <u>Complete Address</u> 850 N. Tucson St. Post Falls, ID 83854
<ul> <li>3. The general type of business transacted u</li> <li>Retail Trade Transportation</li> <li>Wholesale Trade Construction</li> <li>Services Agriculture</li> <li>Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business
<ul> <li>4. The name and address to which future correspondence should be addressed: Lan Li-Stone</li> <li>850 N. Tucson St.</li> <li>Post Falls, ID 83854</li> </ul>	Name and <b>\$25.00</b> fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	nt
Signature: <u>Jan Ju' - Stone</u> , Printed Name: <u>Lan Li-Stone</u> Capacity/Title: <u>Owner</u> Signature: Printed Name:	Secretary of State use only           IDAHO SECRETARY OF STATE           06/04/2013         05:00           CK: 1588 CT: 283919           BH: 1376625           1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	D163668