12110

## CERTIFICATE OF ASSUMED BUSINESS NAME

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To t	he	SEC	RETA	<b>VRY</b>	OF	STATE,	STATE	OF	<b>IDAHO</b>
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Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of ATE ( adoption of an Assumed Business Name.

The assumed business name which the business is:	he undersigned use(s) in the transaction of						
UPPER VAILEY MASSA	AGE THERAPY						
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  KENT ROBERT SANNERSON 310 NORTH Second EBT Rexburg TO -834							
	ed under the assumed business name is:						
See categories on the reverse							
The name and address to which correspondence should be addressed:							
KENT SANDERSON 960 HILLVIEW							
	Rexburg ID-33440-						
Signe	ed Lest Sandroon						
Ву							
Capac	acity Owner						
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #						
monthly i variety with parties for 10.	Secretary of State use only						

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

IDANO SECRETARY OF STATE DATE 02/13/1997 63798 CK #: MO CK # CUST# 76513 ASSUM NAME 10 20.00= 20.00