

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 22 AM 8: 38

Please type or print legibly. Instructions are included on back of application. SECRETARY OF STATE STATE OF IDAHO

PURE MASSAGE	
The true name(s) and <u>business</u> addition business under the assumed busine Name Randi Michelle Roark	ress(es) of the entity or individual(s) doing ess name: Complete Address 1020 Lander St Boise, ld 83703
	Iture Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed Randi Michelle Roark 1020 Lander St Boise, Id 83703 Boise, Idaho 83703	Georgial y or Grace
5. Name and address for this acknowle copy is (if other than # 4 above):	
Signature: Kancl - KoalK	Secretary of State use only
Printed Name: Randi Michelle Roark	
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature:	<u> </u>
Printed Name:	
Capacity/Title:	

abri.pmd Rev. 07/2010

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