



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 APR - 6 AM 9:35

SECRETARY OF STATE  
STATE OF IDAHO

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

Curves of Bonners Ferry

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

The Little Company

(C164D74)

Complete Address

6442

TER 85, Box 325 COMANCHE ST.

Bonners Ferry, Idaho 83805

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

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

- The name and address to which future correspondence should be addressed:

Tiffany L. Little

TER 85, Box 325- 6442 COMANCHE ST.

Bonners Ferry, Idaho 83805

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Tiffany L. Little

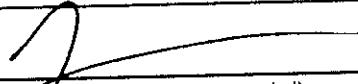
TER 85, Box 325- 6442 COMANCHE ST.

Bonners Ferry, Idaho 83805

Phone number (optional):

208 267 1520

Secretary of State use only

Signature: 

(signature required)

Printed Name: Tiffany L. Little

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 10/20/03

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IDaho SECRETARY OF STATE  
04/06/2006 05:00  
CX: NO CK # CT: 198945 RH: 947750  
1 @ 25.00 = 25.00 ASSUM NAME # 2