

Printed Name: 🔾ຝຊາກທ

(see instruction #8 on back of form)

Capacity/Title:(

CERTIFICATE OF ASSUMED BUSINESS NAME

FIFT FFECTIVE

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

Please type or print legibly.

08 DEC -9 AM 8: 07

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Healing Touch Massage 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name Jazzmin Blackburn 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Assumed Business **Mining** Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 5. Name and address for this acknowledgment CODV IS (if other than #4 above). Secretary of State use only Signature