



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 APR 21 PM 1:16

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**  
**Instructions are included on back of application.**

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

Nouth & Mor Thai Massage Therapy

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

<u>Name</u>	<u>Complete Address</u>
Mor Khampha	1010 N. Cole Rd. Boise, ID 83704
Thongphout Khampha	1010 N. Cole Rd. Boise, ID 83704

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

11969 W. Emerson Dr.  
Boise, ID 83709

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

11969 W. Emerson Dr.  
Boise, ID 83709

Signature: Mor Khampha

Printed Name: Mor Khampha

Capacity/Title: Message Therapist / owner

Signature: Thongphout Khampha

Printed Name: Thongphout Khampha

Capacity/Title: Message Therapist / owner

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/21/2011 05:00  
CK: CASH CT: 150010 BH: 1270319  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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