



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.

FILED EFFECTIVE
08 APR 28 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

La Reverie Spa

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

Name	Complete Address
<u>Jaime Stam</u>	<u>P.O. Box 6243 Ketchum, ID 83340</u>
<u>Alysson Heazle</u>	<u>P.O. Box 1603 Hailey, ID 83333</u>
<u>Amy Oles</u>	<u>P.O. Box 4716 Hailey, ID 83333</u>

3. 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 | |

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

La Reverie
P.O. Box 6243
Ketchum, ID 83340

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

Idaho Secretary of State
450 N 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):

Signature: _____

Amy Oles
(signature required)

Printed Name: _____

AMY OLES

Capacity/Title: _____

MANAGER MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\idm\form\idm\idm.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
04/28/2008 05:00
CK: 8624 CT: 225487 RM: 1112231
1 @ 25.00 = 25.00 ASSUM NAME # 2

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