



**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.

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
Jaime Stam Alysson Headze Amy Oles	P.O. Box 6243 Ketchum, ID 83340 P.O. Box 1603 Hailey, ID 83333 P.O. Box 4716 Hailey, ID 83333

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

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

Signature:

Printed Name: ANDY OLES

Capacity/Title: **MANAGER MEMBER**

(see instruction # 8 on back of form)

Secretary of State use only

acquisition formation p.65

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

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