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## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 JAN 13 PM 2: 06

SECRETARY OF STATE

1,	The assumed business name which the undersigned use(s) in the transaction of business is:  Miles Massage Therapy			
2.	. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	Doug Miles	116 S 11th Ave, Caldwell ID 83605		
	(Nале)	(Address)		
	(Name)	(Address)		
•	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade ☐ Wholesale Trade ☒ Services	☐ Construction ☐ Agriculture ☐ Manufacturing	<ul><li>Transportation and Public Utilities</li><li>Mining</li></ul>	
4.	Mailing address for future correspondence:		<ol> <li>Name and address for this acknowledgment copy is (if other than # 4):</li> </ol>	
	Doug Miles (Name)		<del></del>	
	116 S 11th Ave		(Name)	
	(Address) Caldwell, ID 83605		(Address)	
	1200	State) (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Douglas Miles			Secretary of State use only	
Signature: Jua MA			Secretary of State use only	
Printed Name:			IDAHO SECRETARY OF STATE	
Signature:			01/13/2017 05:00 CK:4493836 CT:172099 BH:1563992	
Printed Name:			1@ 25.00 = 25.00 ASSUM NAME #2	
Signature:				

Rev. 08/2015

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