



# 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.**

2003 OCT 17 AM 8:51

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

# Express Yourself Dance Studio

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

Tanya J. Heward

2965 Springwood Ln.

IF ID 0 83404

BOB

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

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

~~XXXXXXXXXX~~  
2965 Springwood Lane  
Idaho Falls ID 83404

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

522 3048  
403 9367

Signature:

(signature required)

Printed Name: \_\_\_\_\_

TANYA HEWARD

Capacity/Title:

owner/director

(see instruction # 8 on back of form)

**Secretary of State use only**

Revised 04/2003

IDAHO SECRETARY OF STATE  
10/17/2003 05:00  
CK: 983 CT: 158010 BH: 707008  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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