

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME 2013 OCT 15 PM 3: 17

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

Please type or print legibly.

STATE OF IDAHO

Please type or print legibly.

insurctions are included on back of app	xicauon.
The assumed business name which the unbusiness is: CLASSIC TOUCH PAIN	
The true name(s) and <u>business</u> address(es business under the assumed business name Name REYMAN FOSTER	o) of the entity or individual(s) doing ne: Complete Address 951 HWY 21 BOISE ID 83716
Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ Manufacturing☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: REYMAN FOSTER 2951 HWY 21 BOISE TO 837/6	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t
Signature: //www.	Secretary of State use only
Printed Name: <u>REYMAN FOSTER</u>	
Capacity/Title: OWNER	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	10/15/2013 05:00 CK: CASH CT: 158818 BH: 1393981
Capacity/Title:	1 8 25.88 = 25.88 ASSIM NAME # 2

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