

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN 27 AM 9: 14

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

1. The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of
Curves o	of Bonners Ferry
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address	
Lynda G. Ekstrom	499235 Highway 95 Naples, Idaho 83847
3. The general type of business transacted	under the assumed business name is:
	on and Public Utilities
Wholesale Trade ☐ Constructio✓ Services ☐ Agriculture☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business te Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Lynda G. Ekstrom	Secretary of State 450 North 4th Street PO Box 83720
499235 Highway 95	Boise ID 83720-0080 208 334-2301
Naples, Id 84847	
Name and address for this acknowledgm copy is (if other than # 4 above):	ent .
Signature: Synda G Eksthon	Secretary of State use only
Printed Name: Lynda G. Ekstrom	<u>.</u>
Capacity/Title: Owner/Manager	-
Signature:	- IDAHO SECRETARY OF STATE
Printed Name:	01/27/2012 05:00 CK: 2002 CT: 158010 BH: 1308133 1 0 25.00 = 25.00 ASSUM NAME # 2
Canacity/Title:	7 E E1 00 - E1 00 K93NU WHUF # C

abn.pmd Rev. 07/2010

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