



# 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.

FILED EFFECTIVE

2004 APR -9 AM 9:08

SECRETARY OF STATE  
STATE OF IDAHO

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

Zapie's Massage Therapy

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

Zapie Wash Inc.

P.O.Box 525 Kuna, ID 83634

C/44188

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Zapie Wash Inc.

P.O. Box 525

Kuna, ID 83634

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):

208-283-6543

Secretary of State use only

Signature:

(signature required)

Printed Name:

Joseph Limbong

Capacity/Title:

President

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
04/09/2004 05:00  
CK: 83645 CT: 158810 BH: 736339  
1 @ 25.00 = 25.00 ASSUM NAME # 2