

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. Please type or print legibly.

CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the unde submits for filing a certificate of Assumed Busines Please type or print legibly. NOTE: See instructions on reverse before filing and the submits for	AME 02 APR 22 AM II: 09 STATE OF 10 AWATE
 The assumed business name which the undersign business is: \[\frac{Vita lity}{Therapeutic} \frac{Mainle Mainless}{Mainless} \] The true name(s) and <u>business</u> address(es) of the business under the assumed business name: \[\frac{Name}{Mainless} \] 	e entity or individual(s) doing Complete Address
Emma Broadfoot 12/	A North 4400 East 19 by, Idaho 83442-5851
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ath: Emma Breadfort Vitality Therapeutic Massage 121 A North 4901 Fort	Submit Certificate of Assumed Business Name and \$20.00 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):
gnature: 6 mma Broadfoot grays	INAUG CECOETADY OF CTATE

Printed Name: Emma Broadfoot

(see instruction #8 on back of form)

Capacity/Title: Owner

IDAHO SECRETARY OF STATE 94/22/2002 05:00 CK: 337 CT: 158018 BH: 460900 1 0 20.00 = 20.00 ASSUM MANE # 2

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