CERTIFICATE OF ASSUMED BUSINESS NAMED 970EC 10 AN 9-03

	the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho option of an Assumed Business Name	Code, t	HO he un	dersigne	d gives and of state	
	The assumed business name which the undersigned use(s) in the transaction of business is:					
	MASSAGE FOR HEALTH					
2.	The true name(s) and business address business under the assumed business Name	s name	is/are	!	Address	
	DALE O LINGENFELTER	<u>Hu</u>	R 60	BOX 19	BONNERS FERRY, TO 83805	
	LOUISE LINGENFELTER	S	AME			
						4
3.	The general type of business transactions SERVICES See categories on the reverse	cted und	er th∈	e assume	d business name is:	- 14- - 14-
4.	The name and address to which correspondence should be addressed: MASSAGE FOR HEALTH HCR 60 BOX 19, BONNERS FERRY, ID 83805					
	Signed Dale 0. LINGENFELTER					
	Ву	4	DALL	U. ETING	Dis P(I) to be I to I I	
	Ca	pacity_	SOLE	PROPRIE	TOR	
	Submit Certificate of Assumed Business Name and \$20.00 fee to:		Cust	omer#		
					Softman Section 1979 STATE	
•	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Revision 10/96		12/10/1997 09:00 CK: 7648 CT: 90906 BH: 62257 1 0 20.00 = 20.00 ASSUM NAME	
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