## CERTIFICATE OF ASSUMED BUSINESS NEW ECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of 10. adoption of an Assumed Business Name.

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

BODYLNEADS MASSAGE THERAPY

2.	The true name(s) and business address(es) of the entity or individual(s) doing	
	business under the assumed business name is/are:	

<u>Name</u> Lgyral BoHro	<u>Address</u> 1541 Laprele # 79 Idaho Fulls 10 83402
	*
The general hand of husiness transcate	

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

See categories on the reverse

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

BODYENEADS MUSSOGE THERAPY 1541 Laprele #79 Idaho Falls 1083402

Signed Laural Botero

Βv

Capacity www

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

Secretary of State use only IDANO SECKETARY OF STATE

61/11/2001 09:00 CK: 292 CT: 148715 BH: 372212

1 # 20.00 = 28.00 ASSIM NAME # 2

D 41764