



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

09 JUL -1 AM 8:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

BodyZone 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
<u>KS Massage LLC</u>	<u>18178 W Riverview Dr. Post Falls, ID 83854</u>

W 7/16/50

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:

Kristoff Saurette  
18178 W Riverview Dr.  
Post Falls, ID 83854

**Submit Certificate of Assumed Business Name and \$25.00 fee to:**

Idaho Secretary of State  
450 N 4th Street PO Box  
83720 Boise ID  
83720-0080 (208)  
334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same as Above

Signature: *Kristoff Saurette*

(signature required)

Printed Name: Kristoff Saurette

Capacity/Title: LMP

(see instruction # 8 on back of form)

corporation information p86  
Revised 04/2008

Secretary of State use only

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IDAHO SECRETARY OF STATE  
07/01/2009 05:00  
CK: 1671 CT: 150810 ORN 1177097  
1 @ 25.00 = 25.00 ASSUM NAME # 2