



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2005 APR 25 AM 9:24

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

Rejuvenating You massage & Wellness Center

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

Name
Jolie Fitchett

Complete Address

1609 Sunshine St. Ste. D
Coeur d'Alene, Idaho
83815

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:

Jolie Fitchett
1517 East Satrie Avenue
Coeur d'Alene, Idaho 83815

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

Signature:

Jolie Fitchett
(signature required)

Printed Name:

Jolie Fitchett

Capacity/Title:

Owner

(see instruction # 6 on back of form)

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

Phone number (optional):

(208) 660-5484

Secretary of State use only

IDAHO SECRETARY OF STATE
04/25/2005 05:00
CK: 2022 CT: 158010 BH: 006395
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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