



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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

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

Marion's Massage for Body, Mind & Spirit

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

Name	Complete Address
<u>Marion Wallace RN, NCMT</u>	<u>132 Main Ave S. #8</u>
	<u>Twin Falls, ID 83301-6207</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): (208) 420-0488

Marion's Massage for Body, Mind
and Spirit
132 Main Ave S #8
Twin Falls ID 83301-6207

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

Marion Wallace RN NCMT
2589 E. 3700 N
Twin Falls ID 83301

Signature: Marion Wallace

Printed Name: Marion Wallace

Capacity: owner

(see instruction # 8 on back of form)

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

Secretary of State use only

Revision 1/98

g:\corp\forms\abn.p65

IDAHO SECRETARY OF STATE
08/01/2002 05:00
CK: 1957 CT: 162385 BH: 488373
1 @ 20.00 = 20.00 ASSUM NAME # 2

D56978