CERTIFICATE OF ASSUMED BUSINESS NAME

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

97 MAY 30 AM 10:50

SECRETARY OF STATE
STATE OF IDAHO

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:

   Crystal Dolphin Massage

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
Sandra McGary	445 State St. Ste "C" Weiser ID 83672
Cynthia Shaw	445 state st. Ste. "C" Weiser, ID 83672

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

☒ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☒ Services	☐ Construction	☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 549-0005

   Crystal Dolphin Massage, "C"
   445 State St. Suite #C
   Weiser, Idaho 83672

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

   _____

   _____

   _____

Signature: Sandra McGary
Cynthia Shaw

Printed Name: Sandra McGary

Capacity: Co-proprietors

(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

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Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 05/30/1997
0900 97425 2
CK #: 5218 CUST# 82189
ASSUM NAME 1@ 20.00= 20.00

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