



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JAN 19 AM 10:42

SECRETARY OF STATE  
STATE OF IDAHO

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

A Day Away, Massage and Bodywork

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Stephanie Hymas 2140 Elizabeth Blvd #8A 1904 E Addison, Twin Falls,  
(Name) (Address) ID, 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

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

4. Mailing address for future correspondence:

Stephanie Hymas  
(Name)  
2140 Elizabeth Blvd #8A  
(Address)  
Twin Falls ID 83301  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Stephanie Hymas

Signature: Stephanie Hymas

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/20/2016 05:00

CK:206419220161 CT:158010 BH:1509458

1@ 25.00 = 25.00 ASSUM NAME #2

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