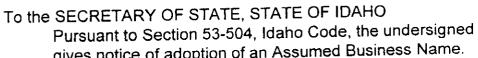
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	gives notice of adoption of an Assumed B	Business Name.
1.	The assumed business name which the under business is:	্ ব
	Caring Hands Therapeutic M	assage ====================================
	\mathcal{O}	
2.	The true name(s) and business address(es) business under the assumed business name	e is/are:
	Kathy Evalina Little 9	Complete Address 3 3 467 99-1 Shoup St., Salmon 40 -83467
3.	The general type of business transacted unc	der the assumed business name is:
	 □ Retail Trade □ Wholesale Trade □ Agriculture ☑ Services □ Construction 	Finance, Insurance, and Real EstateMining
4.	The name and address to which future Property correspondence should be addressed:	none number (optional): (208) 756-7458
	909-1 Shoup Street	Submit Certificate of
	Salmon, ID 83467	Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDANO SECRETARY OF STATE
		11/05/1998 09:00 CK: 115 CT: 186351 BH: 159135

1 8 20.00 = 20.00 ASSUM NAME # 2

019676

Signature: Kothy Little
Printed Name: Kothy Little

Capacity: Owner-Massage Technician

(see instruction # 8 on back of form)