

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

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.

01 JUL -5 AM 8:40



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

THE PERFECT TOUCH

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

Maureena L. Blackwell

44½ East Main Street

Lava Hot Springs, ID 83246-0045

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

☒ Therapeutic Massage and Complimentary Health Care Services

☐ 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) 776-9782

On site number to be issued later.

Maureena Blackwell

P.O. Box 45

Lava Hot Springs, ID 83246-0045

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

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

Signature: Maureena Blackwell

Printed Name: Maureena L. Blackwell

Capacity: Singular one-on-one treatments

(see instruction # 8 on back of form)

Revision 2/97
g:\corp\forms\abn pm6

IDAHO SECRETARY OF STATE
07/05/2001 09:00
CK: 1124 CT: 148481 BH: 486426
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 46607