

Capacity/Title:__*î*)Wner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 02 SEP 23 PM 1:11

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

business is: Tone at Home		
The true name(s) and <u>business</u> address business under the assumed business name Name Kippy Reed	ame:	or individual(s) doing omplete Address Edna St. Boxse, ID 837(3
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	ion and Public l	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta		Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Tone at Home 12094 W. Edna St. Doise, ID 83713	-	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment Pl	none number (optional): 208) 375 - 4750
	-	Secretary of State use only
nature: Kuppy Red (signature required) nted Name: Kippy Reed	stebn formstebn.p65 sed 07/2002	IDAHO SECRETARY OF STATE 09/23/2002 05:00

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CK: 1879 CT: 158010 BH: 489689 1 0 20.00 = 20.00 ASSUM NAME # 2

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