



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

10 SEP -9 PH 1:56

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Parkcentered Yoga

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Carolyn Beaver</u>	<u>575 E Parkcenter Blvd</u>
	<u>Suite 120</u>
	<u>Boise, ID 83706</u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Carolyn Beaver
575 E Parkcenter Blvd Ste 120
Boise ID 83706

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

Signature: Cyfrin
Printed Name: Carolyn Beaver
Capacity/Title: owner
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

0142009

IDAHO SECRETARY OF STATE
09/09/2010 05:00
CK: 1100 CT: 68244 BH: 1238256
1 @ 25.00 = 25.00 ASSUM NAME # 2