

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2007 J.H 24 MH 8: 43

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Sere	renity Massage
The true name(s) and business address business under the assumed business representation Name Jessica Bodenhofer	s(es) of the entity or individual(s) doing name: Complete Address 2329 E 1375 S, Gooding, ID 83330
3. The general type of business transacted	
 ☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☑ Services ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estance 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Jessica Bodenhofer	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO Box 304 Gooding, ID 83330	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment Phone number (optional): 208-358-0869
	Secretary of State use only
nature (signature required) nted Name: Jessica Bodenhofer	DAHO SECRETARY OF STATE D1/24/2007 05 = 06 CK: 1603 CT: 158010 BH: 182826 1 0 25.00 = 25.00 assim mans
pacity/Title: Owner (see instruction # 8 on back of form)	- IDAHO SECRETARY OF STATE 91/24/2007 95:00 CK: 1603 CT: 158010 BH: 102826 1 0 25.00 = 25.00 ASSUM NAME