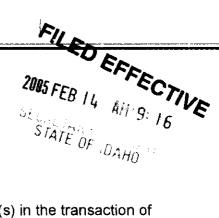


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

NOTE. See instructions on reverse before	ming.
The assumed business name which the under business is:	
AAH MASSAGE - Deep	Tissue
The true name(s) and business address(es) or business under the assumed business name:	, , , ,
Name	Complete Address
Linds Fraughton	1002 SAMUEL # 73
	83204
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	nd Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$25.00 fee to:
	ivalile and \$25.00 lee to.
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
correspondence should be addressed.	Basement West
	PO Box 83720 Boise ID 83720-0080
	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-241-6248
	Secretary of State use only
	990
Signature: Linda Franskin	ms/abn
Printed Name: Linds Franghton	IDANO SECRETARY OF STATE
Capacity/Title: OWNEY	E TOU TOUR DIE (1200)
(see instruction # 8 on back of form)	9 1 # 25.80 = 25.80 ASSUM NAME # ;

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