



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.

FILED EFFECTIVE
2006 AUG -4 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

Paradigm Care Massage Therapy.

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

Name

Complete Address

* Wayne L. BREWER

819 Davis Ave Nampa, Id 83651

Wayne L. Brewer

280 E. Corporate Dr. Suite 130
Meridian, Id 83642

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 | |

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

Wayne L. Brewer
819 Davis Ave
Nampa, Id 83651

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 880-1938 - cell
467-4704 - Home
846-8400 - Meridian

Secretary of State use only

Signature: W.L. Brewer
(signature required)

Printed Name: Wayne L. Brewer

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

D102404

IDAHO SECRETARY OF STATE
08/04/2006 05:00
CK: 432 CT: 158010 BH: 968376
1 @ 25.00 = 25.00 ASSUM NAME # 2