



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAR 28 AM 8:30

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:

North Idaho Therapeutic Massage

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

Jolene Ross

18355 N Ramsey Rd. Rathdrum, Id 83858

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:

Jolene Ross

18355 N Ramsey Rd

Rathdrum, Id. 83858

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

Secretary of State use only

Signature: Jolene Ross

Printed Name: Jolene Ross

Capacity/Title: _____

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
03/28/2011 05:00
CK: 638467 CT: 172099 BH: 1266345
1 @ 25.00 = 25.00 ASSUM NAME # 2

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