

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

**FILED**

99 OCT 22



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

STATE OF IDAHO

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

Heart and Hand Massage Therapy

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

Name

Complete Address

Cathy Anne Kraus

212 S. 11th St Suite 2  
Coeur d'Alene ID 83814

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Cathy Kraus  
212 S. 11th St Suite 2  
Coeur d'Alene ID 83814

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

Cathy Kraus  
5508 Pinta Ct Coeur d'Alene  
ID 83815

Signature: Cathy Kraus

Printed Name: Cathy Kraus

Capacity: manager/operator

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/22/1999 09:00  
CX: 4117 CT: 122056 IN: 260148

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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