



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.

STATE OF IDAHO
JAN 21 11 7:37

FILED EFFECTIVE

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

New Phase Body Therapies

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

<u>Name</u>	<u>Complete Address</u>
<u>Tracci D Seuy</u>	<u>316 N Division, Kellogg Id 83837</u>
_____	_____
_____	_____

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 | |

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

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

Tracci D Seuy
PO Box 2
Osburn, Id 83849

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

Phone number (optional):

Signature: Tracci D Seuy
(signature required)

Printed Name: Tracci D Seuy

Capacity/Title: owner

(see instruction # 8 on back of form)

9:bcpr/forms/stabn_forms/labn.p65
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
07/29/2004 05:00
CK: 2419 CT: 150010 BH: 750124
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 78630