

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 JUL 12 AM 8: 48

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the uno business is:	<u> </u>
Harmonia Massage 9	Wellness Spa
2. The true name(s) and <u>business</u> address(es business under the assumed business name) of the entity or individual(s) doing
Name	Complete Address
Shae B. Lee	1860 American Legion Blvd
	Mountain Home, 1D
	83647
3. The general type of business transacted un	nder the assumed business name is:
-	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Sage B. Lee 1840 American Legion Blue Mountain Home, 10 8344	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	ent Phone number (optional):
Scor B. Lee PO Box 71 Grand View, 1D 83624	Secretary of State use only
gnature:	outgos outgos
nted Name:	
pacity/Title: OWNAY	IDAHO SECRETARY OF STATE 97/12/2006 05:0
(see instruction # 8 on back of form)	CK: 1182 CT: 158018 BH: 9644

D101683