

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2005 DEC -9 AM 9: 01

Local Line State of the Control of the

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.

SECRETARY OF STATE STATE OF DATE

1. The assumed business name which the undersign	ned use(s) in the transaction of
business is: THE DANCERS	Studio
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name	Complete Address W. Man St. With Mileton 10 12 20 214
Retail Trade	
	Secretary of State use only
Signature: (signature required) Printed Name: (Signature required) Capacity/Title: (Signature required) Capacity/Title: (Signature required)	IDAHO SECRETARY OF STATE 12/09/2005 05:00 CK: 1683 CT: 158010 BH: 926002 1 8 25.00 = 25.00 ASSUM NAME # 2