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**FILED/EFFECTIVE****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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

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

HAWAIIAN SPA FACES & BODIES

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  
KAREN ZIMMERMANComplete Address  
6848 Government Way #104Coeur d'Alene, ID 83815

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

<input checked="" 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: Phone number (optional): 208-755-5900

HAWAIIAN SPA FACES & BODIES6848 Government Way #104Coeur d'Alene, ID 83815

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

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

Signature: Karen ZimmermanPrinted Name: KAREN ZIMMERMANCapacity: Owner

(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE

12/21/2000 09:00  
CK: 3226 CT: 139915 BN: 368215

1 @ 20.00 = 20.00 ASSUM NAME # 2

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