



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAY 18 AM 9:17

SECRETARY OF STATE  
STATE OF IDAHO

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

Paradise Ridge Massage Therapy

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Michele Murphy 317 W. 16<sup>th</sup> Moscow ID 83843  
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Michele Murphy  
(Name)

1701 Wallen Rd.  
(Address)

Idaho ID. 83871  
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Michele Murphy

Signature: Michele Murphy

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2016 05:00

CK:4560 CT:324567 BH:1529150  
1@ 25.00 = 25.00 ASSUM NAME #2

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