



# 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.

2007 NOV 27 PM 3:38

SECRETARY OF STATE  
STATE OF IDAHO

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

Curves Mountain Home

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

Name

Sisters For You LLC

Complete Address

2390 American Legion Blvd. Suite 3

(W68725)

Mountain Home Idaho 83647

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" 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 |                                                              |

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

2390 American Legion Blvd. Suite 3

Mountain Home Idaho 83647

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: Lisa Russell

(signature required)

Printed Name: Lisa Russell

Capacity/Title: Owner/Member

(see instruction # 8 on back of form)

Secretary of State use only

0117123

IDAHO SECRETARY OF STATE

11/27/2007 05:00

CK: 1368937 CT: 172899 DH: 1887896

1 @ 25.00 = 25.00 ASSUM NAME # 2