



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

2013 MAR 25 AM 11:41  
SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Inner Balance Massage Therapy

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

<u>Name</u>	<u>Complete Address</u>
<u>Dava Ramirez</u>	<u>4060 Apache dr</u>
<u></u>	<u>Nampa Id 83686</u>
<u></u>	<u></u>

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

- |  |  |
|--|--|
| <input 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 |  |

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Inner Balance Massage Therapy  
4060 Apache dr  
Nampa ID. 83686

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

Secretary of State use only

Signature: Dava Ramirez

Printed Name: Dava Ramirez

Capacity/Title:

Signature:

Printed Name:

Capacity/Title:

IDAHO SECRETARY OF STATE  
03/26/2013 05:00  
CK: CASH CT: 274499 BH: 1366306  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D162002