



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.

2004 APR -1 AM 9:03
SECRETARY OF STATE
STATE OF IDAHO

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

Heartfelt MASSAGE AND Yoga THERAPY

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

Name	Complete Address
<u>MARILYN HAINSWORTH</u>	<u>117 SOUTH 4th STREET SUITE 210</u>
	<u>COEUR D'ALENE, Idaho 83814</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 | |

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

MARILYN HAINSWORTH
2900 N. GOVERNMENT WAY #250
COEUR D'ALENE, Idaho 83815

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208 765 3445

Signature: Marilyn Hainsworth
(signature required)

Printed Name: Marilyn HAINSWORTH

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/01/2004 05:00
CK: 3874 CT: 158018 BH: 736871
1 @ 25.00 = 25.00 ASSUM NAME # 2