



CERTIFICATE OF ASSUMED BUSINESS NAME

2016 MAY -9 AM 10: 31

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE STATE OF IDAHO

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

Preserve 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):

M'Kenzi Butikofer-Torres 231 E 19th Street Idaho Falls, ID 83404

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- Services, Retail Trade, Wholesale Trade, Construction, Agriculture, Manufacturing, Transportation and Public Utilities, Mining, Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

M'Kenzi Butikofer-Torres 231 E. 19th Street Idaho Falls ID 83404

(Name)

(Address)

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: M'Kenzi Butikofer-Torres

Signature: M'Kenzi Butikofer-Torres

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE 05/10/2016 05:00

CK:17403496398 CT:158010 BH:1527790 10 25.00 = 25.00 ASSUM NAME #2

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