Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

08 SEP 18 AM 9: 09

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Iris massage è Iria	dology
Valeric Lawrence En	Complete Address (MAILUL) 720 & SALESYARD
3. The general type of business transacted under the	
□ Retail Trade □ Transportation and Pu □ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: □ Valeric Lawrence □ 1720 € SALESYARD □ Emmett □ D \$3617 5. Name and address for this acknowledgment	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
COpy is (if other than # 4 above):	
	Secretary of State use only
Signature: / New Young	
Printed Name: Valerie Lawrence	

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