

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

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

Muscular Massage Therapy

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

Name

Complete Address

Shannon Orr

PO Box 38

Ketchum, ID 83340

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): 208-578-1250

Shannon Orr

Muscular Massage Therapy

PO Box 38

Ketchum, ID 83340

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

Paul G. Lauer

PO Box 299

Ketchum ID 83340

Idaho Secretary of State

Signature: Shannon E. Orr

Printed Name: SHANNON E. ORR

Capacity: Owner

(see instruction # 8 on back of form)



FILED/EFFECTIVE
NOV 27 AM 8:40
CLERK OF STATE
STATE OF IDAHO

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/27/2000 09:00
CK: 3760145038 CT: 01933 RH: 363012

1 @ 20.00 = 20.00 ASSUM NAME # 2

D40774

Revision 2/87

g:\comp\forms\labn.pmd