



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.

2004 DEC 15 AM 9:30

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Sawtooth Massage 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>Julie Meissner</u>	<u>PO Box 194</u>
<u></u>	<u>Stanley ID 83278</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 | |

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

Sawtooth Massage Therapy
c/o Julie Meissner
P.O. Box 194, Stanley, ID
83278

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

same

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

Phone number (optional):

Signature: Julie Meissner
(signature required)

Printed Name: Julie Meissner

crmsidm formstaton p05
revised 04/2003

Secretary of State use only

NS2696

IDAHO SECRETARY OF STATE
12/16/2004 05:00
CK: 1962 CT: 150010 BH: 781929
1 @ 25.00 = 25.00 ASSUM NAME # 2