P. 2

FILED EFFECT **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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Fusion MediSpa 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name The Assence BAKEN are 11 37.DE. 997D3 3. The general type of business transacted under the assumed business 8 Transportation and Public Utilities **Retail Trade** Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 lagu nover Boise ID 83720-0080 ancaster Rd 208 334-2301 83830 Phone number (optional): 5. Name and address for this acknowledgment 208-162-3126 CODY IS (if other than # 4 above): is abour m¢ Secretary of State use only Signature: Printed Name: Capacity/Title: <u>AWAX</u> (see Instruction # 8 on back of form) **IDAHO SECRETARY OF STATE** 02/03/2003 05:00 CK: 3169 CT: 158010 BH: 660578 1 2 20.00 = 20.00 ASSUM NAME # 2

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