



# 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.

08 JAN -7 AM 8:35

SECRETARY OF STATE  
STATE OF IDAHO

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

Blue Lotus Massage

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

Name

Jerri Levine

Complete Address

735 Shoshone St N.

Twin Falls, Id 83301

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:

Blue Lotus massage

735 Shoshone St N

Twin Falls, Id 83301

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

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):

208-731-4200

Secretary of State use only

Signature: Jerri Levine

(signature required)

Printed Name: Jerri LevineCapacity/Title: Owner

(see instruction # 8 on back of form)

g:\corpforms\labn\p65  
Revised 04/2003

IDaho SECRETARY OF STATE  
01/07/2008 05:00  
CK: 6867 CT: 221121 BH: 1092947  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D118004