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/EFFECTIVE gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of	
	Massage Therapy DAHO
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
lisa Knittel	1610 Roy St. Pocatello, TO 83202
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ 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) 221-0413
Tranquil Touch Massage The	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm	Secretary of State 700 West Jefferson nent Basement West
COPY is (# other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Lisa Knittel	Redskin 2897
rinted Name: Lisa Kniffel	epor funda
(see instruction # 8 on back of form)	Ycopytomi

IDAHO SECRETARY OF STATE

04/25/2002 05:00

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