FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2015 MAR 31 AM 11: 36

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

business is: CB MASSAGE CHAIRS 2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business n Name CLIFFORD EARL LAMPING	Complete Address 3011 HWY 93 S. SALMON, ID 83467
. The general type of business transacted Retail Trade	tion and Public Utilities
☐ Services☐ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: CB MASSAGE CHAIRS 3011 HWY 93 S. C SALMON, IDAHO 83467	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgr copy is (#other than # 4 above)." same as above 	nent -
00.11.9 4	Secretary of State use only
nted Name: Clifford Lamping apacity/Title: Owner gnature: inted Name:	IDAHO SECRETARY OF STATE

9/21/2012

Capacity/Title:

abrupind Rev 07/2010

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