

## 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 und business is: EUropean Do	ay Spa-
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Donna Leslie  1363 Willow Brooker  Heridian DO 83642	Complete Address
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  1363 Willow Brooket Meridian Do 83642	Submit Certificate of Assumed Business Name 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
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): <u>884-3382</u>
	Secretary of State use only
Signature. John Leslie  Printed Name: Down Leslie  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ### ### ### ### ### ### ### ### ### #