

# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

FOOTPRINTS MASSAGE

2. 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>	<u>Address</u>
<u>Evelyn L. Sabin</u>	<u></u>
<u>1101 N DIV. #7</u>	<u></u>
<u>SANDPOINT ID 83864</u>	<u></u>

3. The general type of business transacted under the assumed business name is:

REFLEXOLOGY MASSAGE / SERVICES

See categories on the reverse

4. The name and address to which correspondence should be addressed:

FOOTPRINTS MASSAGE  
1101 N DIV #7 SANDPOINT ID

Signed Evelyn L. Sabin  
By 4-12-99  
Capacity Owner / President

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/19/1999 09:00  
CX: 2114 CT: 00100 BH: 200367

1 @ 20.00 = 20.00 ASSUM NAME # 2

D25236

Article 1004  
Registration fee