



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2017 FEB 27 AM 10:02  
SECRETARY OF STATE  
STATE OF IDAHO

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

Palouse Massage

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Lila M. Nordin 500 2nd Ave. #3 Deary, Idaho 83823

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Lila M. Nordin

(Name)

500 2nd Ave. #3

(Address)

Deary Idaho 83823

(City) (State) (Zipcode)

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

Lila M. Nordin

(Name)

PO Box 84

(Address)

Deary Idaho 83823

(City) (State) (Zipcode)

Printed Name: Lila M. Nordin

Signature: *Lila M. Nordin*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**02/27/2017 05:00**

CK:1073 CT:335117 BH:1570741  
1@ 25.00 = 25.00 ASSUM NAME #2

*D192422*