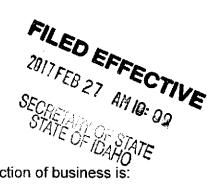


Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



Palouse Massage		
The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
Lila M. Nordin	500 2nd Ave. #3	Deary, Idaho 83823
(Name)	(Address)	
(Nате)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
. The general type of bus	siness transacted under	the assumed business name is:
Retail Trade	Construction	
Wholesale Trade	Agriculture	Mining
⊠ Services	Manufacturir	ng Finance, Insurance, and Real Estate
. Mailing address for futu	re correspondence:	5. Name and address for this acknowledgment
		COPY IS (if other than # 4).
Lila M. Nordin		Lila M. Nordin
(Name)		(Name)
500 2nd Ave. #3		PO Box 84
(Address)	laho 83823	(Address)
Deary Id	(State) (Zipcode)	DearyIdaho83823(City)(State)(Zipcode)
Printed Name: Lila M. Nord	din	Secretary of State use only
ignature: <u>Ruan Br</u>	-u~	IDAHO SECRETARY OF STATE
Printed Name:		02/27/2017 05:00 CK:1073 CT:335117 BH:1570741
Signature:		10 25.00 = 25.00 ASSUM NAME #
rinted Name:		
Signature:		D192422

Rev. 08/2015