

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned use(s) in the transaction of business is: X-Treme Dance Studio.	
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name Longine Strickland P.O. (Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: X-Treme Dance Studio P.D. Box 1400 Black foot, Idaho 5320	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 783 - 2020
	Secretary of State use only
Signature: Wheel Invektand Printed Name: Lorraine Strickland Capacity: Owner Operator	IDAHO SECRETARY OF STATE 07/20/2001 05:00 CK: 2574 CT: 149868 BH: 488966 1 8 28.88 = 28.88 ASSUM NAME # 2

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