



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

03 JUL 12 PM 4:28

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Finishing Touch Massage

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Tammy Lynn Noffz-Wilson

421 Elk Creek Road

Idaho City, ID 83631

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

Submit Certificate of Assumed 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

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

Tammy L. Noffz-Wilson

P.O. Box 1146

Idaho City, ID 83631

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

Phone number (optional):

1-208-392-9695

Secretary of State use only

Signature: Tammy Lynn Noffz-Wilson

(signature required)

Printed Name: Tammy Lynn Noffz-Wilson

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2008

IDAHO SECRETARY OF STATE
07/12/2005 05:00
CK: 1217 CT: 158010 BH: 028030
1 @ 25.00 = 25.00 ASSUM NAME # 2

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