CERTIFICATE OF ASSUMED BUSINESS NAME

2011 NOV 30 AM 9: 27

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

SHUNETAKY, UP STATE

VE29	000	3110331401	,,,,,	STATE	OF IDAHO
	Please type or print legibly.				שאמו
	Instructions are included on back of appli	cation.			
	•				
4	The assumed business name which the undersigned use(s) in the tra			ınsaci	ion of
	business is:				
	RIVER RUN DAY SPA				
2	The true name(s) and business address(es) of the entity or individual				p i ng
	business under the assumed business name:				
	Name		Complete Add	ress	
		671 E DI\	ERPARK LN, SUI	E 10	
	<u>Michelle Adamson</u> -	BOISE, ID 83706			
	R Shawn Adamson			-	
	2) 11 11 11 11 11 11 11 11 11 11 11 11 11				
2	The general type of business transacted under the assumed busines			s nan	ne is:
J.	- and Dublic Hillitian				
	Retail Trade Transportation and Public Utilities				
	☐ Wholesale Trade ☐ Construction				
	Services Agriculture	1			
	Manufacturing Mining		Submit Certifi	11111	7
			Assumed Bus		
	Finance, Insurance, and Real Estate		Name and \$2	5. 00 fe	ee to:
	The name and address to which future		C		
4.			Secretary of 450 North 4th		
	correspondence should be addressed:		PO Box 8372	: 81 : 1	`
	MICHELLE ADAMSON		Boise ID 837		so I
	671 E. RIVERPARK LN. BOISE, ID 83706		208 334-230	1111	
	BOISEDAYSPA@GMAIL.COM				
5.	Name and address for this acknowledgment				
	COPY IS (if other than # 4 above):				
			Secretary	OI DEATH	use only
Sinns	ature: / Li Chelle (Maant Dr	ノ			
_	—- ·				
	ed Name: MICHELLE ADAMSON				
Capa	icity/Title: OWNER	1			
	22 MA 2 2 3 12		T 9, 211	A	DV NE CTATE
Signa	ature: Appen (M		IDAHQ 11/3Ø		RY OF STATE
Printe	ed Name: R. SHAWN ADAMSON	!	CK: 842941	CT 172	1 0 99 BH: 129 <u>9</u> 694_
Cana	acity/Title: OWNER		1 6 25.99	: KD.6	IO ASSUM NAME # 2
vapa 	ICILY/ LIGG.				

abn.prnd Rev. 07/2010

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