

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

## FILED EFFECTIVE

09 APR 23 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

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

Gittleson's Therapy

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

Name  
Samantha  
Layne  
Gittleson

Complete Address  
205 Beach St.  
Salmon, ID  
83467

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

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

4. The name and address to which future correspondence should be addressed:
- Samantha Layne Gittleson  
205 Beach St.  
Salmon, ID  
83467

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208-867-5853

Secretary of State use only

Signature:   
(signature required)

Printed Name: Samantha Gittleson

Capacity/Title: Owner  
(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
04/23/2009 05:00  
CK: 1623 CT: 236430 DN: 1167336  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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