



**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

09 NOV - 3 AM 8:05

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:

# Magic Valley Therapeutic Massage

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

Name Julietta Belinda Detweiler Complete Address 333 8th Ave. E.  
Twin Falls, ID

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

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

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

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

(208) 334-2301

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

4150 N. 2700 E  
Twin Falls, ID 83301

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

Secretary of State use only

Signature: Julie Schuler Stwell  
(signature required)

Printed Name: Julietta Belinda Detweiler

Capacity/Title: Owner

(see instruction # 8 on back of form)

Beweis-Dokumente 165

IDaho SECRETARY OF STATE  
11/03/2009 05:00  
CK: 1214 CT: 241959 SH: 1193849  
1 0 25.00 = 25.00 ASSUM NAME # 2