

227

FILED EFFECTIVE



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.

2006 APR - 7 PM 3: 23

SECRETARY OF STATE
STATE OF IDAHO

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

Effleverage massage (Effleverage 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

Danielle Johnson

2122 Addison Ave. E
Twin Falls, Idaho
83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<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	

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

Danielle Johnson
247 8th Ave N #2
Twin Falls, Idaho 83301

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

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

Phone number (optional):

Signature: Danielle Johnson
(Signature required)
Printed Name: Danielle Johnson
Capacity/Title: Sole proprietor
(see instruction #8 on back of form)

1Stop/Printable
Form-06-0405
Rev-06-0405

Secretary of State use only

04/10/2006 05:00
CK: 771115 CT: 172099 BH: 948109
1 @ 25.00 = 25.00 ASSUM NAME # 3
IDaho SECRETARY OF STATE

04/10/2006 05:00
CK: 771115 CT: 172099 BH: 948109
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