



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned, **2003 FEB 18 AM 9:18** submits for filing a certificate of Assumed Business Name:

FILED EFFECTIVE  
8 18 AM 9:18

**Please type or print legibly.**

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

DEPARTMENT OF STATE  
STATE OF IDAHO

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

## Northland 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                                   |
| <u>Jeffrey A. Vaughan</u> | <u>252 Monroe St</u><br><u>Blackfoot, ID 83221</u> |

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

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

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

Jeffrey A. Vaughan  
252 Monroe St  
Blackfoot, ID 83221

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

**Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:**

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

Phone number (optional):

(208) 785-3239

Signature: Jeffrey A. Vaughan (signature required)  
Printed Name: Jeffrey A. Vaughan  
Capacity/Title: Certified Massage Therapist  
(see instruction # 8 on back of form)

**Secretary of State use only**

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Revised 08/2002

IDaho SECRETARY OF STATE  
02/18/2003 05:00  
CK: 998 CT: 158010 BH: 663230  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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