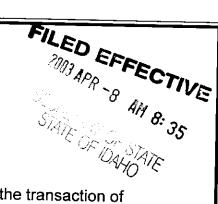


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



4 Th	20 WE
 The assumed business name which the und business is: 	ndersigned use(s) in the transaction of
Shiatsu by Will	
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	ne:
Shawna R. Dalv	Complete Address
William E Walls	18969 Lonkey Lane Caldwell ID 8360
	18969 Lookey Lane, Coldwell ID 83607
The general type of business transacted und	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
Wholesale Trade Construction	
	Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
The name and address to which future	
correspondence should be addressed.	Secretary of State 700 West Jefferson
William E. Walls 18969 Lonkey Lane	Basement West PO Box 83720
Caldwell Idaho 83607.	Boise ID 83720-0080
Shiatsu by Will	208 334-2301
Name and address for this acknowledgmen	ent Phone number (optional):
COPy is (if other than # 4 above).	208-989-1724
William E. Walls	
18969 Lonkey Lane	Secretary of State use only
Caldwell Idaho 83607	064318
Signature: Shamadaly	as a see a s
Printed Name: Shawna Doly	IDAHO SECRETARY OF STATE 1000 CK # CT: 158010 BH: 673614 1 20.00 = 20.00 ASSUM NAME # 2
Capacity/Title: OWAC	CK: NO CK # CT: 158010 BH: 673614 1 8 28.88 = 28.88 ASSUM NAME # 2