



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
2003 APR -8 AM 8:35
SECRETARY OF STATE
STATE OF IDAHO

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

Shiatsu by Will

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

Shawna R. Daly

18969 Lonkey Lane, Caldwell ID 83607

William E. Walls

18969 Lonkey Lane, Caldwell ID 83607

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 | |

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

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

William E. Walls

18969 Lonkey Lane

Caldwell Idaho 83607,

Shiatsu by Will

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

William E. Walls

18969 Lonkey Lane

Caldwell Idaho 83607

Phone number (optional):

208-989-1724

Secretary of State use only

064318

IDAHO SECRETARY OF STATE
04/08/2003 05:00
CK: NO CK # CT: 158010 BH: 673614
1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Shawna Daly
(signature required)

Printed Name: Shawna Daly

Capacity/Title: Owner

(see instruction # 8 on back of form)