P.05/06

CERTIFICATE OF ASSUMED BUSINESS NAME

| CENTITION IE OF MOOC | FILE! |
|--|--|
| To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Co adoption of an Assumed Business Name. | ode, the undersigned gives notice of |
| adoption of all Assumed Dusiness Hame. | Statil or 10A40 |
| The assumed business name which the to business is: "SOFT TOUCH REF | |
| | |
| The true name(s) and business address(business under the assumed business no | |
| <u>Name</u> LABOR ADMINISTRATION SERVICE | Address S PO BX 3538 |
| OF IOAHO, INC. [10# C 8424 | 19] KETCHUM ID 83340-3538 |
| C84249 | |
| | The state of the s |
| The general type of business transacted Massage of the Feet & Hands. | • |
| See categories on the reverse | |
| | 1 . |
| | ondence should be addressed: questions ? call @ 726-9550] |
| PO BOX 3538 KETCHUM ID 83340-3538 \ | · Autolian · |
| Signed . | KWKoky |
| Ву | R.W. KOHLI, President LAS Inc. |
| | , |
| Submit Certificate of Assumed | |
| Business Name and \$20,00 fee to: | Customer# |
| Secretary of State | Secretary I MAND SECRETARY OF STATE |
| 700 West Jefferson | |
| PO Box 83720 | 67/20/1999 69:06 CK: 1557 CT: 11892 N: 235143 |
| Boise ID 83720-0080 | 1 8 20.00 = 20.00 ASSUM HOME |

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