



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED FEB 25 AM 9:27
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

STAY IN TOUCH

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>HOLLIE PENCE PITRE</u> | <u>1740 E CENTER</u> |
| | <u>POCATELLO, ID 83201</u> |
| | |

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 \$25.00 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:

HOLLIE PITRE / STAY IN TOUCH
1740 E CENTER
POCATELLO, ID 83201

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

SAME AS ABOVE

Phone number (optional):

208 251-5996

Signature: Hollie Pitre
(signature required)

Printed Name: HOLLIE PITRE

Capacity/Title: INDEPENDENT CONTRACTOR
(see instruction # 8 on back of form) MASSAGE THERAPIST

g:\corp\forms\labn_forms\labn.p65
Revised 04/2003

Secretary of State use only

D73491

IDAHO SECRETARY OF STATE
02/25/2004 05:00
CK: 1600 CT: 150010 BH: 729265
1 @ 25.00 = 25.00 ASSUM NAME # 2