



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.

2009 APR -9 PM 3:07

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Nature's Retreat Spa & Therapeutic Clinic

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

Associated Massage Professionals, LLC

496 Shoup Avenue West, Ste #F, Twin Falls, ID 83301

(W32085)

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

496 Shoup Avenue West Ste #F

Twin Falls, ID 83301

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

Signature: Mary Ann Dasher NOTMB

(signature required)

Printed Name: Mary Ann Dasher

Capacity/Title: Owner Director

(see instruction # 8 on back of form)

208-731-5411

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

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Rev 04/02/03

IDAHO SECRETARY OF STATE
04/09/2009 05:00
CK: 223200 CT: 172099 BH: 1165244
I @ 25.00 = 25.00 ASSUM NAME # 2

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