



# 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**

10 FEB 23 AM 10:43

SECRETARY OF STATE  
STATE OF IDAHO

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

J Spa

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>Taha Almutthafar</u>	<u>6004 W. Overland Rd</u> <u>Boise, ID 83709</u>

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

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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 |   |

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

2889 S. Broxon Ln  
Boise, ID 83705

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Taha Almutthafar  
(signature required)

Printed Name: TAHA ALMUTTHAFAR

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\cop\forms\stat\format\brp65 Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/23/2010 05:00  
CK: CASH CT: 150010 BH: 1209311  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D137132