



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
2005 AUG -8 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

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

Massage Therapy by Heidi

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>Heidi Jensen</u> | <u>1525 Addison Ave E.</u> |
| <u></u> | <u>Suite A-3</u> |
| <u></u> | <u>Twin Falls Id. 83301</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:

Heidi Jensen
1525 Addison Ave E. Suite A3
Twin Falls, Id 83301

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

Phone number (optional):

Secretary of State use only

Signature: Heidi Jensen

Printed Name: Heidi Jensen

Capacity/Title: Massage Therapist

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/08/2005 05:00
CK: 1020 CT: 150010 BH: 905030
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 90409