Capacity/Title:

(see instruction # 8 on back of form)

## 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.

Please type or print legibly.

ON OCT 29 AN B

Aroma Cd'A Massage	
The true name(s) and business address(e business under the assumed business nat Name Jana Gould	
- Janu Could	1200 W Honwood Di # 307 Coedi d'Alerie, ID 836
The general type of business transacted u	inder the assumed business name is:
<ul><li>✓ Retail Trade</li><li>✓ Wholesale Trade</li><li>✓ Construction</li></ul>	on and Public Utilities
Services Agriculture	Submit Certificate of
✓ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	e Name and <b>\$25.00</b> fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Aroma Cd'A Massage	PO Box 83720
1200 W Ironwood Dr #307	Boise ID 83720-0080
Coeur d'Alene, ID 83814	208 334-2301
Name and address for this acknowledgm	nent Phone number (optional):
COPy is (if other than # 4 above):	, , ,
····	Secretary of State use only
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