

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY AND: 14
STATE OF OF OF STATE

D 120450

1. The assumed business name which the up business is:  Cure for the Commo	on Spa Consulting
2. The true name(s) and business address(e business under the assumed business name  Name  Name  Waters	s) of the entity or individual(s) doing me:  Complete Address  523 Humbird  Po 604 57 (
B. The general type of business transacted ur  Retail Trade	Kootenai 10 83840  Inder the assumed business name is:  In and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Kootenai 10 83840	(208) 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt · · · · · · · · · · · · · · · · · · ·