

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

BOLSE Medical Massage

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Michael Buck, LMT

Complete Address
1668 Riverstone Ln. S. #104 BOLSE

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208 867-4297

Michael Buck LMT
1668 Riverstone Ln. S., # 104
Boise, ID. 83706

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2000, 09:00
CK: CASH CT: 127759 BH: 296475

1 P 28.00 = 28.00 ASSUM NAME # 2

033721

Signature: Michael Buck, LMT

Printed Name: Michael Buck

Capacity: Owner

(see instruction # 8 on back of form)