



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.

2006 SEP -7 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

"Healing Hands" Therapeutic Body Work & Massage

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>Deena A. Phillips Stephenson</u>	<u>411 main street Suite D</u>
	<u>P.O. BOX 536</u>
	<u>Kamiah, Idaho 83536</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 | |

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

Deena A. Phillips Stephenson
P.O. BOX 536
Kamiah, Idaho 83536

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

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

Phone number (optional):

208 935-0577
208 935-2133

Secretary of State use only

Signature: _____

Deena A. Phillips Stephenson
(signature required)

Printed Name: _____

Deena A. Phillips Stephenson

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/07/2006 05:00
CK: 1019 CT: 150010 BH: 973840
1 @ 25.00 = 25.00 ASSUM NAME # 2

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