

CERTIFICATE OF ASSUMED BUSINESS NAME **FILED**

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.

98 OCT 19 AM 10:23
SECRETARY OF STATE
STATE OF IDAHO

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

The Stress Master

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

<u>Name</u>	<u>Address</u>
<u>Ronald W Leanna</u>	<u>1991 E 25th Idaho Falls, Id 83409</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

Massage Therapist
See categories on the reverse

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

Ronald W Leanna
1991 E 25 Idaho Falls, Id. 83409

Signed Ronald W Leanna
By The Stress Master
Capacity CEO

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer # _____

Secretary of State use only
IDaho SECRETARY OF STATE
10/19/1998 09:00
CX: 3173 CT: 103477 BH: 154137
1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/98
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