

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

D142362

10 SEP 23 PM 12- 05

SECKETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

	Electric Sun Tanning and Spa		
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name  Spa Paraiso, LLC  (W9652)		
3.	The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining  Finance, Insurance, and Real Estate	n and Pub	
4.	The name and address to which future correspondence should be addressed: Spa Paraiso, LLC 1606 South Boundary St Nampa, ID 83686		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt .	
			Secretary of State use only
Printe Capa Signa	ed Name: Ryan Lenz acity/Title: Owner ature:		IDAHO SECRETARY OF STATE  29/23/2010 05:00  CK: 897 CT: 251484 BH: 1248288  1 8 25.00 = 25.00 ASSUM NAME # 3
Printe	ed Name:		

abn.pmd Rev.07/2010