



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

JUL 30 1 32 PM '01

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Massage Therapy by Brenda

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

Name

Brenda Young

Complete Address

~~718 E Avalon~~ 718 E Avalon Kuna, ID
83634

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:

Brenda Young
718 E Avalon
Kuna, ID 83634

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

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

Brenda Young
1414 E Corrente Ln
Kuna, ID 83634

Phone number (optional):

Signature: Brenda Young

Secretary of State use only

Printed Name: Brenda Young

IDABO SECRETARY OF STATE
07/30/2001 05:00
CK: CASH CT: 149453 BH: 410688
1 @ 20.00 = 20.00 ASSUM NAME # 2

Capacity: owner

(see instruction # 8 on back of form)