



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

02 JAN -9 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Home 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

Maria Lorincz

368 Pierce St.

Twin Falls, ID 83301

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 | |

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

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

Maria Lorincz

368 Pierce St.

Twin Falls, ID 83301

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

Phone number (optional):

208-736-2998

Secretary of State use only

Signature: Maria Lorincz

Printed Name: Maria Lorincz

Capacity: owner

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
01/09/2002 05:00
CK: 2067 CT: 138371 BH: 438848
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS0968