

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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

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

KNEAD TO RELAX massage therapy

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

Name Abby L. Alderman Complete Address 2609 Sharon Dr.
Post Falls, ID. 83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Abby L. Alderman
2609 Sharon Dr.
Post Falls, ID. 83854

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/12/2000 09:00
CK: 96321426454 CT: 139507 BH: 366006

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Abby L. Alderman
Printed Name: Abby L. Alderman
Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

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