

Capacity/Title:

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.

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

SECRETARY OF STATE STATE OF IDAGO

Peop	e Knead Peopl	e	
2. The true name(s) and <u>business</u> address business under the assumed business	, ,	ntity or individual(s) doing	
<u>Name</u>		Complete Address	
Canyon School of Massage, Inc.	629 Lone	Star Rd - Nampa, ID 83651	
(C133257)			
•		,	
. The general type of business transacted	d under the a	assumed business name is:	
✓ Retail Trade ☐ Transporta	ition and Pub	olic Utilities	
☐ Wholesale Trade ☐ Constructi	ion		
✓ Services	e		
☐ Manufacturing ☐ Mining		Submit Certificate of Assumed Business	
Finance, Insurance, and Real Est	ate	Name and \$25.00 fee to:	
. The name and address to which future			
correspondence should be addressed:		Secretary of State 450 North 4th Street	
People Knead People		PO Box 83720	
629 Lone Star Rd	<u>. </u>	Boise ID 83720-0080	
Nampa, ID 83651	_	208 334-2301	
. Name and address for this acknowledg	- ment		
CODY IS (if other than # 4 above):	*******		
	_		
		Secretary of State use only	
MATTOMO		•	
nature: Sabra Hanau	*		
ted Name: Debra Haney	 		
acity/Title: Owner	77		
nature:		IDAHO SECRETARY OF STAT	
ted Name:	····	02/14/2012 05: CK: 2285 CT: 128728 BH: 13	
nacity/Title:	1	1 8 25.00 = 25.00 ASSUM N	

abn.pmd Rev. 07/2010