

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED

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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.

SECRETARY OF STATE
STATE OF IDAHO

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

Rejuvenating You

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	Complete Address
<u>Carolyn Brainard</u>	<u>16190 Sunrise Street #15</u>
<u></u>	<u>COA ID 83815</u>
<u></u>	<u></u>

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

<input 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:

Carolyn Brainard
8959 Davis Circle
Hayden ID 83835

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

Signature: Carolyn Brainard

Printed Name: Carolyn Brainard

Capacity: owner

(see instruction # 8 on back of form)

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

01/21/2000 09:00
CK: 1146 CF: 125536 BH: 283341

1 @ 20.00 = 20.00 ASSUM NAME # 2

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