227

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2014 AUG 18 AM 8:01

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: East / West School of 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
Westfall Ventures, Inc	~~PO Box~~ 12321 W. Havencrest Dr.
c198529	Star, ID 83669

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Massage Education

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

Ean Platter
12321 W. Havencrest Dr.
Star, ID 83669

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

Signature: Ean Platter
Printed Name: Ean Platter
Capacity/Title: President
Signature: _____
Printed Name: _____
Capacity/Title: _____

Submit Certificate of Assumed Business Name and $25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
08/19/2014 05:00
CK:2149176 CT:172099 BH:1437877
1@ 25.00 = 25.00 ASSUM NAME #3

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9/21/2012 nbn.pmd Rev 07/2010