

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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 of IDAHO

98 JUL 13 AM 11:02



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

Clearwater Therapeutic Massage

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>SYLVIA HELLER</u>	<u></u>
<u>Rt 1 Box 70H</u>	<u></u>
<u>Kooskia, ID 83539</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: Phone number (optional): 926-0990

CLEARWATER THERAPEUTIC MASSAGE
SYLVIA HELLER
ROUTE 1 - BOX 70H
KOOSKIA, ID 83539

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

Signature: X Sylvia Heller

Printed Name: SYLVIA HELLER

Capacity: OWNER - OPERATOR

(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

07/13/1998 09:00
CX: 041 CT: 101396 DN: 127476

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97

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