



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 MAY 28 AM 9:11

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

PRINTED Back In Touch Massage & Bodywork
(BACK IN TOUCH MASSAGE & BODYWORK)

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
<u>SHIRLEY BLACKWELL</u>	<u>1620 W. CANFIELD AVE</u>
	<u>COEUR D'ALENE, ID. 83815</u>

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

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

4. The name and address to which future correspondence should be addressed:
SHIRLEY BLACKWELL/BACK IN TOUCH
1620 W. CANFIELD AVE
COEUR D'ALENE, ID. 83815

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Same

Phone number (optional):

208-755-0527

Signature: Shirley Blackwell
(signature required)

Printed Name: SHIRLEY BLACKWELL

Capacity/Title: SOLE OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/28/2006 05:00
CR: 1131 CT: 150010 BH: 747667
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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