

## 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.

2014 JUN 16 AM 10: 28

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
M&M's Massage	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Marthamary M. M. Rinkavage  225 E.	entity or individual(s) doing  Complete Address  Locust Ave, Coeur d'Alene, ID 83814
3. The general type of business transacted under the Retail Trade Transportation and P  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
I. The name and address to which future correspondence should be addressed:  M&M's Massage	Secretary of State 450 North 4th Street PO Box 83720
225 E. Locust Avenue Coeur d'Alene, Idaho 83814	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nature: Marthamary Rinkavage  pacity/Title: Owner  mature:	IDAHO SECRETARY OF STATE 06/16/2014 05:00 CE:503 CT:297963 BH:142919 16 25.00 = 25.00 ASSUM NAME
nted Name:	
	5.00

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