

Capacity/Title: Owner

Signature: Printed Name: Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 12 JUNI 1 AMII: 11

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the und business is:	ersigned use(s) in the transaction of
	A1	tudio, Massage by Keri.
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name Name	• • • • • •
3.	The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: 1843 S. Breadway Ave. Suite # 203A Bosse, ID 83706	Secretary of State 450 North 4th Street PO Box 83720 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
Signa		
Printe	ed Name: Vier Prome	

IDAHO SECRETARY OF STATE

6/11/2012 05:00

CK: 1023453 CT: 172099 BH: 1327838
1 0 25.00 = 25.00 ASSUM NAME # 2

D156184

abn.pmd Rev. 07/2010