

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.

NOTE: See instructions on reverse before filing.

Owner / General Manager

(see instruction # 8 on back of form)

Capacity/Title:

Re-Bath of Idaho	
The true name(s) and business address(ex business under the assumed business name Name	es) of the entity or individual(s) doing me: Complete Address
Spencer D. Shaw	4318 N. Bryce Canyon Ave., Meridian, ID 83642
Jim Fitlow	2585 S. State St., Salt Lake City, UT 84115
Mike Allen	2585 S. State St., Salt Lake City, UT 84115
The name and address to which future correspondence should be addressed: 4318 N. Bryce Canyon Ave. Meridian, Idaho 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Name and address for this acknowledgm copy is (if other than # 4 above):	208 334-2301 ment Phone number (optional): (208) 367-0900
Copy to the district and the copy of	(235) 55.
	Secretary of State use only

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