



# 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 filling.**

**FILED EFFECTIVE**

2007 FEB -9 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

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

# Essential Therapeutic Massage

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name \_\_\_\_\_

Name  
Tiffany Palmer

### Complete Address

724 Lupine  
Neyburg, ID 83440

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

- 4. The name and address to which future correspondence should be addressed:**

Tiffany Palmer  
124 Lupine  
Rexburg, ID 83440

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

**Phone number (optional):**

**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 use only**

**Signature:**

Signature: Tiffany Palmer  
(signature reduced)

**Printed Name:**

(signature required)  
Tiffany Palmer

**Capacity/Title:**

Olives

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE  
02/09/2007 05:00  
CK: 725 CT: 158010 BH: 1031028  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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