



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.  
Filing fee: \$25.00.

**FILED EFFECTIVE**

**2015 OCT 15 AM 8:41**

SECRETARY OF STATE  
STATE OF IDAHO

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

Balance Massage

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Rebecca L Moore                      380 N Promenade Loop #201 Post Falls, ID 83854  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

\_\_\_\_\_  
(Name)    (Address)

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

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

4. Mailing address for future correspondence:

Rebecca L Moore  
(Name)  
380 N Promenade Loop #201  
(Address)  
Post Falls                      ID                      83854  
(City)    (State)                      (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City)    (State)                      (Zipcode)

Printed Name: Rebecca L Moore

Signature: *Rebecca L Moore*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Secretary of State use only**  
 IDAHO SECRETARY OF STATE  
**10/15/2015 05:00**  
 CK:1427 CT:315719 BH:1496495  
 1@ 25.00 = 25.00 ASSUM NAME #2

*D 182044*