

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE

2013 NOV 13 PM 4:39

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 undersigned use(s) in the transaction of business is:

A Walk In Spirit, Body, Mind Therapies

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

Name

Complete Address

Lianne K Yokum

PO Box 372, Nordman, ID 83848

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

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Lianne K Yokum, LMT  
PO Box 372, Nordman, ID 83848

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

\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: Lianne K Yokum

Capacity/Title: Owner, Licensed Massage Therapist

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

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

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/14/2013 05:00  
CK: 1611030 CT: 172099 BH: 1397916  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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