CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, ti submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See instructions on reverse befo 1. The assumed business name which the und business is:	S NAME FILED EFFECTIVE he undersigned 09 MAY II AN 8:58 Business Name. SECRETARY OF STATE ore filing. STATE OF IDAHO
	Day Spa
2. The true name(s) and business address(es business under the assumed business nam Name David Scheel Genny Scheel	
 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>David Scheel</u> <u>5789 N Harcourt Dr</u> <u>Coeur d Alene, ID 83815</u> 5. Name and address for this acknowledgme copy is (if other than #4 above):	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature:	Secretary of State use only IMANO SECRETARY OF STATE BIS/11/2000 9 85 = 800 CK: 1158 CT: 236946 BH: 1169779 1 8 25.00 = 25.00 ASSUM WATE # 2 D130623