

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Boise Spa & Sunroom

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

Name	Complete Address
<u>Carl M. Erickson</u>	<u>2805 E. 1st</u>
	<u>2901 W. State</u>
	<u>Boise, ID 83702</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

2901 W. State
Boise ID
83702

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

Signature: Carl M. Erickson

Printed Name: Carl M. Erickson

Capacity: OWNER

(see instruction # 8 on back of form)



FILED
 DEC 21 PM 1:21
 SECRETARY OF STATE
 STATE OF IDAHO

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

IDAHO SECRETARY OF STATE

12/22/1999 09:00
 CK: 2575 CT: 124338 BH: 275516

1 @ 20.00 = 20.00 ASSUM NAME # 2

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