

FILED REEFFECTIVE

# 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

00 OCT 23 AM 10:30

SECRETARY OF STATE  
STATE OF IDAHO



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

RIVER STREET SKIN & BODY CARE

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

JUDITH SCHURMAN PO BOX 4141 KETCHUM ID  
191 W. RIVERS ST #202 83340  
KETCHUM, ID 83340

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 checked="" 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): \_\_\_\_\_

RIVER STREET SKIN & BODY  
PO BOX 4141  
KETCHUM, ID 83340

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

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

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

10/24/2000 09:00  
CK: 3072 CT: 137502 BH: 356334

1 @ 20.00 = 20.00 ASSUM NAME # 2

D34925

Signature: Judith Schurman

Printed Name: JUDITH SCHURMAN

Capacity: OWNER OPERATOR

(see instruction # 8 on back of form)

Revision 2/97

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