



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

2002 SEP -4 AM 8:40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

DEPARTMENT OF STATE
STATE OF IDAHO

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

Rose's Star Touch Therapy

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

Rose McKee

10906 W AnnaFaye St Star, ID

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

- | | |
|--|--|
| <input 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 | |

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

Rose's Star Touch Therapy
10906 W AnnaFaye St
Star, ID 83669-5506

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

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

Phone number (optional):

(H) 286-9976

Signature: Rose McKee

(signature required)

Printed Name: Rose McKee

Capacity/Title: Owner/Message Therapist

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn form\labn.p65 Revised 07/2002

IDAHO SECRETARY OF STATE
09/04/2002 05:00
CK: 397 CT: 158010 BH: 486193
1 @ 20.00 = 20.00 ASSUM NAME # 2

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