

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



To the SECRETARY OF STATE, STATE OF IDAHO 99 APR 22 PM 3:52

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

SECRETARY OF STATE
STATE OF IDAHO

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

Angel's Touch Massage

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>JULIE ELLSWORTH, CMT</u>	<u>13690 W. EDENBROOK AVE</u>
	<u>BOISE ID 83713</u>

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

<input 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 d: Phone number (optional): 208 948-9477

ANGEL'S TOUCH MASSAGE
JULIE ELLSWORTH
13690 W EDENBROOK AVE
BOISE ID 83713

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):

Signature: J Ellsworth

Printed Name: JULIE ELLSWORTH, CMT

Capacity: Certified Massage Therapist

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only

IDAHO SECRETARY OF STATE

04/23/1999 09:00

CK: 820 CT: 114521 BH: 210248

1 @ 20.00 = 20.00 ASSUM NAME # 2

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