

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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.

98 NOV 13 AM 9:09  
STATE OF IDAHO



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

Ab-ōvō massage supply "Essentials"

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

Patricia J. Small

Complete Address

1619 E 2nd. Post Falls ID 83854

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



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Ab-ōvō massage supply "Essentials"

780 Pine Rd. <sup>suite 105</sup> Post Falls ID 83854

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

IDAHO SECRETARY OF STATE

Secretary of State only  
11/13/98 9:00

CK: 3730319613 CT: 86428 BH: 161277

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Patricia J. Small

Printed Name: Patricia Small

Capacity: owner / sole

(see instruction # 8 on back of form)

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