

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

2006 APR -5 AM 8: 42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of DAHO business is: Healing Hands Massage	
The true name(s) and business address(es) of business under the assumed business name:	f the entity or individual(s) doing Complete Address 58 Farkle Flats Rd, Sandpoint, ID 83864
3. The general type of business transacted under	·
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Stephanie Oliver LMP 58 Farkle Flats Rd, Sandpoint, ID 83864	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than #4 above): 	Phone number (optional): 208-265-4840
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 0.4000 SECRETARY OF STATE 0.4000 SECRETARY OF STATE
Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/95/2096 95=9 CK: 4832 CT: 158010 BH: 9475 1 6 25.00 = 25.00 ASSUM NAME