

FILED

# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

97 DEC 19 AM 10:05  
SECRETARY OF STATE  
STATE OF IDAHO

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

The Artistic Touch Wellness Center

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	Address
<u>Tana R. P. Rybarik</u>	<u>6671 Lakeshore Drive, Sagle, ID 83860</u>
<u>Scott D. Rybarik (Spouse)</u>	<u>6671 Lakeshore Drive, Sagle ID 83860</u>

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

Services, Retail TRADE

See categories on the reverse

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

Tana Rybarik, Artistic Touch Wellness Center

6671 Lakeshore Drive Sagle, ID 83860

P.O. Box 1259

Sandpoint ID

83864-9998

Signed Tana Rybarik

By \_\_\_\_\_

Capacity owner

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/1997 09:00

CK: 1000 CT: 91416 BH: 65448

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 10/96

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