

CERTIFICATE OF ASSUMED BUSINESS NAME **NEED**

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.

99 JUL -6 PM 2:52
SECRETARY OF STATE
STATE OF IDAHO

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

Pro Massage associated Body Workers

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

<u>Name</u>	<u>Address</u>
<u>Becky Wheeler</u>	<u>1720 N 24th Street</u>
<u></u>	<u>Fruitland Idaho 83619</u>
<u></u>	<u></u>

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

Massage Technician (Services)

See categories on the reverse

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

Becky Wheeler LMT
1720 N 24 St.
Fruitland Id. 83619

Signed

Becky Wheeler

By

Capacity

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 #

Revision 10/06

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Secretary of State use only
IDaho SECRETARY OF STATE

07/06/1999 09:00
CK: 419 CT: 117667 BH: 231594

1 @ 20.00 = 20.00 ASSUM NAME # 2

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