FILED SEFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 OCT 29 AM 9: 40

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

PARRISH ACUPRESSURE MASSAGE	
The true name(s) and business address(es) o	
business under the assumed business name:	
Name	Complete Address
DON PARRISH	1602 PINE ST SANDPOINT, ID 83864
	, <u>, , , , , , , , , , , , , , , , , , </u>
The general type of business transacted under	or the assumed husiness name is:
The general type of business transacted under	the assumed business name to.
Retail Trade Transportation a	nd Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
DON PARRISH	Basement West PO Box 83720
	Boise ID 83720-0080
1602 PINE ST.	208 334-2301
SANDPOINT, ID 83864	
5. Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above):	(208)255-2837
	Secretary of State use only
8 11-R -1	US 1117,
ature: Donald Danish	
ed Name: 1600 and 1 arrivesh	DAHO SECRETARY OF STA 10/29/2004 05: CK: 289652 CT: 19378 BH: 1
eu Maine. 7 107:01 0 0 1 011 1 2511	10/29/2004 05 CK: 289652 CT: 19376 BH: