

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

2016 DEC 12 AM 3: 46

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:							
	Massage@Miracle							
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Jane E. Olsen 109 7th Ave. N., Buhl, ID 83316 (Name) (Address)							
	(Name)	(Add	(Address)					
	(Name)	(Add	(Address)					
	(Name)	(Address)						
3 .	The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Wholesale Trade Agriculture Mining Services Manufacturing Finance, Insurance, and Real Estate							
4.	 Mailing address for future correspondence: Name and address for this acknowledgme copy is (if other than # 4): 							
	Jane E. Olsen				Bren E. Molle	rup		
	(Name) 109 7th Ave. N. (Address)				(Name) P.O. Box 366			
	Buhl,	ID	83316		^(Address) Twin Falls,		3-0366	
	(City)	(State)	(Zipcode)		(City)	(State)	(Zipcode)	
Printed Name: Jane E. Olsen					Secretary of State use only			
Sig	nature: <u>(fam. (</u>	e Ne	sen		.	DINO GODDONING OF		
Printed Name:					10AHO SECRETARY OF STATE 12/12/2016 05:00			
Signature:					CK:10320 CT:174943 BH:1559080 16 25.00 = 25.00 ASSUM NAME #3			
Prir	nted Name:					~ ~ ^	<i>((((((((((</i>	

Rev. 08/2015

D190869