



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 31 AM 11:17

SECRETARY OF STATE
STATE OF IDAHO

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

Ashi Flow Massage

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):

Krista Naymik 2228 Main St. Boise Id 83702
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Krista Naymik
(Name)
1627 S. River Grove Way
(Address)
Eagle Id 83616
(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than #4):

(Name)
(Address)
(City) (State) (Zipcode)

Printed Name: Krista Naymik

Signature: Krista Naymik

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2015 05:00

CK: 3026 CT: 313995 BH: 1490164
1@ 25.00 = 25.00 ASSUM NAME #2

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