

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

00 SEP -8 AM 8:38

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

Marsh Creek Massage Therapy

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>Joell M. Brown</u>	<u>P.O. Box 404 - 625 N. Marsh Ck</u>
	<u>Inkom ID 83245</u>

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

Massage Therapy
See categories on the reverse

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

Joell M. Brown P.O. Box 404 Inkom ID 83245

Signed

Joell M. Brown

By

Capacity Sole Proprietor

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

09/08/2000 09:00
CK: 967 CT: 135736 BH: 347056

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 10/96
2:00pm/10/10/00 JMS

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