



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

**FILED/EFFECTIVE**  
Mar 22 12:54 PM '01

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

Alegria Massage Therapy

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

Name  
Julie Decko

Complete Address  
424 Auto Drive  
Boise, ID 83709

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

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

Alegria Massage Therapy  
424 Auto Dr.  
Boise, ID 83709

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):  
\_\_\_\_\_

Signature: Julie Decko

Printed Name: Julie Decko

Capacity: Owner

(see instruction # 8 on back of form)

g:\corpforms\abn form\abn.p65  
Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE

03/22/2001 09:00  
CK: CASH CF: 143997 BH: 386396

1 @ 20.00 = 20.00 ASSUM NAME # 2

243783