



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2012 JUN 13 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.

Instructions are included on back of application.

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

PAMPERED IN PARIS DAY SPA

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

Name

Complete Address

STACI VOGT

124 MAIN AVE N, SUITE 202

TWIN FALLS, IDAHO 83301

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

<input checked="" 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:

STACI VOGT

260 4TH AVE E

TWIN FALLS, IDAHO 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: _____

Printed Name: STACI VOGT

Capacity/Title: OWNER

Signature: 

Printed Name: SV

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
06/13/2012 05:00
CK: 1056 CT: 271426 BH: 1328159
1 e 25.00 = 25.00 ASSUM NAME # 2