



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

01 AUG 29 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

FAMILY LIFE MASSAGE Therapy & Education CENTER

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

Name Deborah A. Castro

Complete Address
3204 FRONTIER WAY Boise, ID 83713

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:

Deborah A. Casto
3204 FRONTIER WAY
BOISE, ID 83713

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

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

Phone number (optional):

(208) 375-4710

Signature

Printed Name _____

Capacity:

(see instruction # 8 on back of form)

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IDAMO SECRETARY OF STATE
08/29/2001 05:00
CK: 1215 CT: 150665 BH: 416333
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