



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAR 12 AM 9:25
IDaho SECRETARY OF STATE
03/12/2015 05:00

CK:1167 CT:158010 BH:1465914
10 25.00 = 25.00 ASSUM NAME #2

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:

StressLess 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

Complete Address

Samantha Birch

534 Trejo Street Suite 200

Rexburg, ID 83440

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:

534 Trejo Street Suite 200

Rexburg, ID 83440

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: Samantha Birch

Printed Name: Samantha Birch

Capacity/Title: Owner

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
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