



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.

Instructions are included on back of application.

FILED EFFECTIVE
2012 JUN -7 AM 9:12
SECRETARY OF STATE
STATE OF IDAHO

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

Cup of 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

Alesha LD Harrison

930 W Ironwood Drive, Coeur d'Alene ID 83815

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

- Retail Trade Transportation and Public Utilities
- Wholesale Trade Construction
- Services Agriculture
- Manufacturing Mining
- Finance, Insurance, and Real Estate

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

Alesha Harrison

8902 N Newcastle Lane

Hayden ID 83835

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

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

Secretary of State use only

Signature: [Handwritten Signature]

Printed Name: Alesha Harrison

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
06/07/2012 05:00
CK: 612120 CT: 271188 BH: 1327239
1 @ 25.00 = 25.00 ASSUM NAME # 2

D156106