



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

99 SEP -7 AM 11:04

SECRETARY OF STATE
STATE OF IDAHO

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

Chate Massage by KEVIN

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

<u>Name</u>	<u>Complete Address</u>
<u>KEVIN MOSS</u>	<u>607 1/2 HAYS #1</u>
<u>BUSINESS NAME (Chate Massage)</u>	<u>BOISE, ID 83702</u>
<u>By KEVIN</u>	

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 367-1769

607 1/2 HAYS #1
BOISE, ID 83702

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

Signature: Kevin Moss

Printed Name: KEVIN MOSS

Capacity: SOLE PROPRIETOR

(see instruction # 8 on back of form)

Revision 1/98 g:\corp\formstaten.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/1999 09:00
CK: 112 CT: 119022 BH: 247896

1 @ 20.00 = 20.00 ASSUM NAME # 2

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