

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED
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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.

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

HEALING ARTS STUDIO

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>Kandee Jo Jones</u>	<u>455 Addison Ave Twin Falls, ID 83301</u>
<u>Angelia DeWitt</u>	<u>455 Addison Ave Twin Falls, ID 83301</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): 208-733-3924

Kandee Jo Jones

455 Addison Ave

Twin Falls, ID 83301

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

D L Evans Bank

Attn: Laura

PO Box 87

Twin Falls, ID 83303-0087

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

Secretary of State use only
IDAHO SECRETARY OF STATE

01/20/2000 09:00
CK: 938 CT: 125448 BH: 282814

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 32287

Signature: Kandee Jo Jones

Printed Name: Kandee Jo Jones

Capacity: owner

(see instruction # 8 on back of form)