## CERTIFICATE OF ASSUMED BUSINESS NAME

To t	he	SEC	CRET	<b>TARY</b>	OF	STATE,	STATE	OF	<b>IDAHO</b>
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Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of G adoption of an Assumed Business Name.

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

Corporate Massage Associates

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>	Address			
Corporate Massage Associates,	1020 Main Street Inc. Boise, ID 83702			

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

services

See categories on the reverse

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

Rene Iwamasa, 1020 Main Street, Suite 340

Boise, ID 83702

CORPORATE MASSAGE ASSOCIATES, INC.

<u>Address</u>

By

Rene Iwamasa

Capacity

President

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer# 1117

Secretary of State use only

IDANO SECRETARY OF STATE

04/17/1998 WY:00 CK: none Cf: 1117 EH: 162864

1 0 28.00 = 28.00 ASSUM MARK

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