

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

SECRETARY OF STATE

submits for filing a certificate of Assumed Business Name. Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the unbusiness is:  Human Touch Wellness	
The true name(s) and <u>business</u> address(estable) business under the assumed business name     Name	s) of the entity or individual(s) doing me: <u>Complete Address</u>
- Nasan Scott	11 Naple grove Boise
3. The general type of business transacted under the Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture	n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Amy and Jason Scoff  1491 Symphony 4.  Boise: Id. 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Signature: Juna May Soft	Secretary of State use only
Printed Name: Amy Mayer Scott Capacity/Title: owner/	
Printed Name: 52-52 5 5 1	IDAHO SECRETARY OF STATE  12/10/2012 05:00  CK: 1219193 CT: 172099 BH: 1350739 1 8 25.00 = 25.00 ASSUM NAME # 2

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