



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

Curves for Women, Priest River Id.

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>Just Imagine L.L.C.</u>	<u>1700 Summer Hills Ct.</u>
	<u>Post Falls, ID 83854</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:

Sherra L. Carlson

1700 Summer Hills Ct.

Post falls, ID 83854

Phone number (optional): 208-773-7896

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

Sherra L. Carlson

Printed Name: Sherra L. Carlson

Capacity: Manager

(see instruction # 8 on back of form)

Revision 1/88

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Secretary of State use only
IMND SECRETARY OF STATE

01/11/1999 09:00
CX: 1006 CT: 109399 BN: 177486

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SECRETARY OF STATE
STATE OF IDAHO