



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 JAN 26 AM 9:18  
STATE OF IDAHO

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

Eagle Rock Massage Therapy

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

Name

Complete Address

Saratoga Holdings, LLC  
W 25157

242 E. 7<sup>th</sup> North, Ste 6, ~~200~~  
Rexburg, ID 83440

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

Saratoga Holdings, LLC  
242 E. 7<sup>th</sup> N. Ste 6  
Rexburg, ID 83440

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: [Signature]  
(signature required)

Printed Name: Michael S. Colvin

Capacity/Title: Managing Member  
(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208) 403 9267

Secretary of State use only

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IDAHO SECRETARY OF STATE  
01/27/2004 05:00  
CK: 2262 CT: 150010 BH: 723931  
1 @ 25.00 = 25.00 ASSUM NAME # 2