



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP -4 AM 9:06

SECRETARY OF STATE  
STATE OF IDAHO

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

Whole Health Mobile Massage

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Mike Locklear P.O. Box 9026 Boise ID 83707  
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Mike Locklear  
(Name)  
P.O. Box 9026  
(Address)  
Boise, ID 83707  
(City) (State) (Zipcode)

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

Mike Locklear  
(Name)  
P.O. Box 9026  
(Address)  
Boise ID 83707  
(City) (State) (Zipcode)

Printed Name: Mike Locklear

Signature: Mike Locklear

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/04/2015 05:00

CK:336 CT:314204 BH:1490952

1@ 25.00 = 25.00 ASSUM NAME #2

D181260