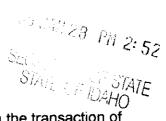


CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.



The true name(s) and business address(es) of business under the assumed business name:	f the entity or individual(s) doing
Name Tylobo ⊞C	Complete Address 1403 Williams Ln. Nampa,ID. 83686
Туюю ше	
The general type of business transacted unde	er the assumed business name is:
	nd Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Tylobo LLC / Mobile Massage 1403 Williams Ln.	Boise ID 83720-0080
Nampa, ID 83686	208 334-2301
5. Name and address for this acknowledgment	t Phone number (optional): (208) 407-2277
COPY IS (if other than # 4 above).	(200) 407-2277
	Secretary of State use only
nature:	1 1 28 2 28 35
pacity/Title: Manager	IDAHO SECRETARY (Ø1/28/2005

CK: 469096 CT: 172099 BH: 789986 1 0 25.00 = 25.00 ASSUM MANE # 3