

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.

12 FF7 - 9 21 9: 02

Please type or print legibly. Instructions are included on back of application.

SECTION OF COME

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Naturally Relaxed			
2.	The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u> Maja McKnight			
3.	The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction			
	✓ Services		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Maja McKnight 828 Washington Ave, Pocatello, ID 83201		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
	220 Washington 200, 1 Coatsilo, 10 00201		208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt _		
	· Mai a Ama		Secretary of State use only	
	ature: Major #McV		·	
Printe	ed Name: Mája McKnight			
Capa	city/Title: owner			
Signature:			IDAHO SECRETARY OF STATE 92/99/2012 95:00	
Printe	ed Name:		CK: 1713 CT: 266324 BH: 1309930 1 0 25.00 = 25.00 ASSUM NAME # 2	
Capa	city/Title:		<u> </u>	

abri.pmd Rev. 07/2010

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