



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 MAR 11 AM 9:16

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

A peaceful Place Massage Clinic

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

Name

Shirree Marsh

Complete Address

2899 Chaparral Drive
Idaho Falls ID 83404

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

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

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

A Peaceful Place Massage Clinic
2899 Chaparral Drive
Idaho Falls, ID 83404

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

25.00

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

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

Phone number (optional):

(208) 521-8974

Signature: Shirree Marsh

Printed Name: Shirree Marsh

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

DT4070

IDAHO SECRETARY OF STATE
03/11/2004 05:00
CK: 1699 CT: 158010 BH: 732411
1 @ 25.00 = 25.00 ASSUM NAME # 2