

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.

09 APR 27 AM 9-17

Please type or print legibly.

NOTE: See instructions on reverse before filling.

SECRETARY OF STATE STATE OF IDAHO

Miracle Har	nds Massage		•
2. The true name(s) and business address(es) business under the assumed business nam Name Karen Lynette Kirkman	e:	ity or individual(s) doing Complete Address echler Dr. Idaho Falls, Idaho 834	101
B. The general type of business transacted under Retail Trade Transportation Wholesale Trade Construction	•		
✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
		Idaho Secretary of State	
I. The name and address to which future correspondence should be addressed:		450 N 4th Street PO Box 83720 Boise ID 83720-0080	
correspondence should be addressed: Miracle Hands Massage		PO Box 83720 Boise ID 83720-0080	
correspondence should be addressed:		PO Box 83720	
correspondence should be addressed: Miracle Hands Massage Karen L. Kirkman	nt	PO Box 83720 Boise ID 83720-0080	
correspondence should be addressed: Miracle Hands Massage Karen L. Kirkman 2999 Bechler Dr. Idaho Falls, Idaho 83401 5. Name and address for this acknowledgme	nt	PO Box 83720 Boise ID 83720-0080	