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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed I Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name. STATE OF STATE
1. The assumed business name which the un business is: <u>Serendually Spa Serru</u>	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Valer: Spurgeon</u> <u>Anita Goforth</u>	s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>1000 5, 18th W. Mfn Home, ID 83647</u> <u>1000 5, 18th W. Mfn Home, ID 83647</u>
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Valem Spurgeon 1000 Sul 8 W. 	nder the assumed business name is: and Public Utilities Submit Certificate of Aasumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (# other then # 4 above):	
ignature: <u>Dah</u> (styneture request) rinted Name: <u>Vales</u> Spurgeon capacity/Title: <u>PARTNER</u> (see instruction # 8 on back of form)	S91-149 IDAHO SECRETARY OF STATE (23/18/2005) (35)::0 (13:136 CT: 150818 BH: 7992) 1 @ 25.00 = 25.00 ASSUM WAVE D & S5009

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