CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

SEP 19 1 57 PM '00

SECRETARY OF STATE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name:

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

   SVEN'S MASSAGE THERAPY

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

Name	Complete Address
SVEN KARL BROWN	2095 S. ATLANTIC
	BOISE ID. 83705

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☒ Services	☐ Construction	☐ Mining

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

   Phone number (optional): _____

   SVEN BROWN
   2095 S. ATLANTIC
   BOISE ID. 83705

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

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

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

Signature: [signature]

Printed Name: SVEN KARL BROWN

Capacity: PRESIDENT / OWNER

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only

IDAHO SECRETARY OF STATE
09/19/2000 09:00
CK: CASH CT: 136214 BH: 349410
1 @ 20.00 = 20.00 ASSUM NAME # 2

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