

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. Instructions are included on back of appli	undersigned siness Name.
The assumed business name which the under business is: Body & Soul Balance	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Marra Jarra	
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ler the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: **Todaho Falls, 7) 83401	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Ll. Off	Secretary of State use only
Printed Name: Araceli Ybarra Capacity/Title: Certified Footzoner	THE STATE OF
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	CK: 1974 CT: 275891 BH: 1343812 1 8 25.08 = 25.88 ASSUM HAME # 2
Capacity/Title:	

abn.pmd Rev. 07/2010

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