



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2002 DEC 20 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

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

RELAX N TAN

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

Name	Complete Address
<u>NORMAN REHRMANN</u>	<u>2600 SELTICE - UNIT D</u>
<u>PAULA REHRMANN</u>	<u>POSTFALLS, IDAHO</u>
	<u>83854</u>

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

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

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

RELAX N TAN
2600 SELTICE, UNIT D
POSTFALLS - IDAHO 83854

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

NORM & PAULA REHRMANN -
1804 N. COMPTON ST
POSTFALLS - IDAHO 83854

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

Phone number (optional):

208 - 777 - 3093 - Shop
509 - 370 - 0302 - Cell

Signature:
(signature required)

Printed Name: NORMAN REHRMANN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2002 05:00
CK: 588 CT: 158818 BH: 652681
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 60896