

## 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.

07 NOV -5 AM 8: 50

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Sparrow			
2. The busin	The true name(s) and business address(es business under the assumed business name     Name     Melisa Dionne Crawford		s) of the entity or individual(s) doing ne:  Complete Address 2819 S. Harbour Springs Street, Nampa ID 83686	
- <del></del>				
3. The	general type of business transacted u	inder the	assumed business name is:	
Spa	Retail Trade	1	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301	
5. Nam copy	ne and address for this acknowledgm / is (if other than #4 above):	ent		
			Secretary of State use only	
nature: nted Nam	(Signature required)  e: Melisa Dionne Crawford	groonplomstabn formstabn.p65 Revised 04/2003	IDAHO SECRETARY OF STATE 11/06/2007 05:00 CK: 3848 CT: 192775 8H: 1884824	