

Signature:

Printed Name. Shau

Capacity/Title: Yes I a

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2007 FEB 23 PM 12: 57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	gned use(s) in the transaction of
The Light Touch	
The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Name ,	Complete Address
Caribbean Tan & Body Spa 33:	39 N tive Hile
(112 832) P	10/Se, 10 B3713
	0186,10 03713
. The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	
☐ Services ☐ Agriculture	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and <b>\$25.00</b> fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
- 1	Basement West
Shauna Hdsitt	PO Box 83720
3339 N. Five Mile	Boise ID 83720-0080
Baica 10 (27/3	208 334-2301
120134, 10 83/13	
Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	208-375-6100
••	200-313-6100
	Secretary of State use only
$(1//\sqrt{1})$	

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IDAHO SECRETARY OF STATE

22/23/2007 05:00

CK: 1711 CT: 210069 BH: 1035573

1 8 25.00 = 25.00 ASSUM NAME # 2

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