



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned 9:21
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:

Facial Impressions II

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
<u>Lisa D. Chuensiri</u>	<u>3325 Firestone Dr.</u>
<u></u>	<u>Idaho Falls, ID 83406</u>
<u></u>	<u></u>

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 208 531-2459

Lisa D. Chuensiri
1648 S. Woodluff
Idaho Falls, ID 83404

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

Signature: Lisa Chuensiri

Printed Name: Lisa Chuensiri

Capacity:

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$ 25.00 fee to:

Secretary of State

700 West Jefferson

Basement West

PO Box 83720

Boise ID 83720-0080

208 334-2301

Secretary of State use only

073182

IDAHO SECRETARY OF STATE
02/17/2004 05:00

CK: 96 CT: 150010 BH: 727784

1 @ 25.00 = 25.00 ASSUM NAME # 2

Revision 1/98

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