Capacity/Title: ___

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.

mstructions are included on back of appli	ication.
1. The assumed business name which the und business is: Signature Salon of C	
The true name(s) and <u>business</u> address(es) business under the assumed business name	of the entity or individual(s) doing
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der 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: Korinne T Sword 14964 Masters Drive Caldwell II . 83607	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):	Business Address is 102 mcClue Ave Nampa ID, 83651
Signature: Kormie 7 Sword	Secretary of State use only
Printed Name: Korinne T Sword	
Capacity/Title: owner	
Signature:	TRAUS CONSTANT OF ATLES
Printed Name:	IDAHO SECRETARY OF STATE 92/14/2012 05:00 CK: 2846 CT: 267608 BH: 1318647
Conneity/Title	1 6 52.00 = 52.00 ASSUM NAME # 3

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