

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

CERTIFICATE OF	S.
ASSUMED BUSINESS NAMI	E & & X
Pursuant to Section 53-504, Idaho Code, the undersig	ined 2 22
submits for filing a certificate of Assumed Business Na Please type or print legibly.	ame.
NOTE: See instructions on reverse before filing.	Or of the state of
	D. C.
The assumed business name which the undersigned	use(s) in the transaction of
ousiness is:	
Nails by Lorna	
The true name(s) and business address(es) of the e	ntity or individual(s) doing
ousiness under the assumed business name:	Complete Address
Name Q	RAV 857d
Lorna Fried PO	10x 00/4
311.	5 Main
Mo	SCAL) IO 83843
The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pul	blic Utilities
Retail Trade Transportation and Put Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
, C. 1	Boise ID 83720-0080
PO BOX 8574	(208) 334-2301
MASCON TO 83843	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and address for this acknowledgment copy is (if other than #4 above):	
COPY IC (III COMPANY)	
	Secretary of State use only
abu ped	
ed Name: Lorna Fried	