227

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.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
09 DEC -7 AM 8:53
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   24/7 Clinical Skin Spa

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
NKS Inc. (C114841)	P.O. Box 4474, Ketchum, Id. 83340

3. The general type of business transacted under the assumed business name is:

- [x] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

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

   Nancy Kelly
   P.O. Box 4474, Ketchum, Id., 83340

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

Signature: Nancy Kelly (signature required)
Printed Name: Nancy Kelly
Capacity/Title: President
(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
12/07/2009 05:00
CK: 4250 CT: 242776 BH: 1198043
1 @ 25.00 = 25.00 ASSUM NAME # 2

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