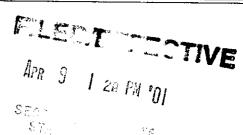


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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.

The assumed business name which the und business is:	
#1 Nails Sali	OY?
2. The true name(s) and <u>business</u> address(es) business under the assumed business name:  Name  NEN - VAN - HUYNH	
3. The general type of business transacted und	der the assumed business name is:
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> <li>☐ Manufacturing</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  TIEN-VAN-HUYNH  1575 S Clear Creek DR  Poise, ID 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgmen copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only IDAHO SECRETARY OF STATE
gnature:	94/10/2001 09:00 CK: CASH CT: 102123 BH: 390133  1 9 20.00 = 20.00 ASSUM NAME # 2
inted Name: TIEN - VAN - HUYNH	1 9 20.00 assum name # 2
	Revis
(see instruction # 8 on back of form)	D44262