



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.

NOTICE OF FILING
IN EFFECTIVE

JAN 16 12 25 PM '02

SECRETARY OF STATE

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

DABANKA INT. BEAUTY SUPPLY

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

Name

Juliene DeSalla
Dabanka

Complete Address

10350 JAY ROAD
BOISE, ID 83703

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

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

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

10350 JAY ROAD
BOISE, ID 83703

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature: Juliene DeSalla

Printed Name: JULIENE DABANKA

Capacity: _____

(see instruction # 8 on back of form)

corpformsidn formstain p65
Revised 01/2001

IDaho SECRETARY OF STATE
01/16/2002 05:00
CK: CASH CT: 122659 BH: 440537
1 e 20.00 = 20.00 ASSUM NAME # 2

DS 1193