

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 MAR 22 AM 10: 23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur	ndersiane	orate (A IDAH	10
business is: BECKY'S Chair for HAIR	シ	(o) in the transaction of	
2. The true name(s) and business address(es business under the assumed business name Name **LOSECCA HENDRICKSON** **THE True name(s) and business address(es business address)) **THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU	s) of the e ne: <u>804</u>	entity or individual(s) doing Complete Address N LINCOLN 83854	b
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: RESECTA HENDELCKSON 2840 N SUCE DR POST FALLS ID 83854 5. Name and address for this acknowledgment copy is (if other than # 4 above):	and Pub		
COPY IS (II other than # 4 above):		Secretary of State use only	
Signature: Relica Hendrickson Printed Name: Reference Hendrickson Capacity/Title: Owner (see instruction # 8 on back of form)	g-tooptomstabn formstabn.p65 Revised 04/2003	CK: 2971 CT: 158010 BH: 13 1 # 25.00 = 25.00 ASSUM N	= 00 316324 NAME # 2
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