



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 SEP 14 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

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

Bella Fortis

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Bella Aesthetics, LLC (W177218) 4239 S. Nickel Creek Pl, Meridian ID 83642  
(Name) (Address)

John P. Epperson, Jr., MD 4239 S. Nickel Creek Pl, Meridian ID 83642  
(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

John P. Epperson, Jr., MD

(Name)

4239 S. Nickel Creek Place

(Address)

Meridian

(City)

ID

(State)

83642

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: John P. Epperson, Jr. MD

Signature: [Signature]

Printed Name: [Signature]

Signature: [Signature]

Printed Name: [Signature]

Signature: [Signature]

Secretary of State use only

IDAHO SECRETARY OF STATE

09/14/2017 05:00

CK:5016 CT:333805 BH:1602865  
1@ 25.00 = 25.00 ASSUM NAME #2

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