



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 AUG 26 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Dimensions Hair Design

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

<u>Name</u>	<u>Complete Address</u>
<u>Carissa Holdaway</u>	<u>1509 Caldwell Blvd #428</u>
<u>(Sole Proprietorship)</u>	<u>Salon booth Nampa, ID 83651</u>
	<u>(Inside US Nail)</u>

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Carissa Holdaway
1440 W Bonnerville Circle #104
Nampa, ID 83651

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

Same as #4

Signature: Carissa Holdaway
Printed Name: Carissa Holdaway
Capacity/Title: owner / stylist
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/26/2011 05:00
CK: 2014 CT: 261932 BH: 1200190
1 @ 25.00 = 25.00 ASSUM NAME # 2

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