



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.

2005 NOV -9 AM 8:54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Dynomite Nails and Toes

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>To Colleen & Quintana</u>	<u>204 E Main</u>
	<u>Jerome, ID</u>
	<u>83338</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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Colleen Quintana
122 E. Main St.
Jerome ID 83338

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

~~Dynomite Nails & Toes~~
~~204 E Main~~
~~Jerome, ID 83338~~

Phone number (optional): _____

Signature: Colleen Quintana
(signature required)

Printed Name: Colleen Quintana

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
11/09/2005 05:00
CK: 8988 CT: 158010 BH: 921316
1 @ 25.00 = 25.00 ASSUM NAME # 2

D93478