

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILE
NOV 24 PM 3:03
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned uses in the transaction of business is:

CALI NAILS

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

Name (Hua)	Complete Address
<u>CATHY HUA</u>	<u>2103 E. 17th Street</u>
	<u>Idaho Falls, ID 83404</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): (208) 542-6592

CATHY HUA
2103 E. 17th Street
Idaho Falls, ID 83404

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/24/1997 09:00
CK: none CT: 90263 IN: 50078

1 @ 20.00 = 20.00 ASSUM NAME

D10018

Signature: Cathy Chihua Hua

Printed Name: CATHY CHIHUA HUA

Capacity: OWNER

(see instruction # 8 on back of form)