CERTIFIEATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.)

(see instruction # 8 on back of form)

To the SECRETARY OF STATE, STATE OF IDAHO

3 34 PH F94 suant to Section 53-504, Idaho Code, the undersigned



gives notice of adoption of an Assumed Business	N-
SECRETAR 1. The assumed business name which the undersigned use(s) in the transaction of	
Sensations Hair Salon	
2. The true name(s) and have	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
James Name	Complete Address
Boise	Chinden Blud. Suite D 1D 83713
	1-40 03713
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturing T Wholesale Trade Agriculture F Services	ransportation and Public Utilities
4. The name and address to set to a	
correspondence should be addressed: Our Phone number Correspondence should be addressed:	er (optional):
3914 E. Presidential Dr.	Submit Certificate of
meridian ID 83642	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (If other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720
	Boise ID 83720-0080 208 334-2301
8	Secretary of State use only
Signature: Jainie Dandt	
Printed Name: Jaimire Daud-	
Capacity: Owner	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE
07/06/2001 09:00
CK: 1116 CT: 148494 BH: 406470
0 20.00 = 20.00 ASSUM NAME # 2 1 0 20.00 =