227



Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE
STATE OF IDAHO

D1907116

Please type or print legibly.

Instructions are included on back of application.

All Natural Beauty Site	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Bryon M. Birch	
	Twin Falls, ID 83301
3. The general type of business transacted under Pransportation a Wholesale Trade Construction	er the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
I. The name and address to which future correspondence should be addressed: All Natural Beauty Site, com 1006 Casyell Ave. W. Twin Falls, ID \$330 (Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nature: Bryan M. Birch	

abn.pmd Rev. 07/2010