

Signature: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV 21 AM 9: 21

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: POLISH ME PRETTY		
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
	CIARA GRAYBILL		P POST FALLS, ID 83854
	(Name)	(Address)	
3.	The general type of busing	ess transacted under the	assumed business name is:
	☐ Retail Trade ☐ Wholesale Trade ☑ Services	☐ Construction ☐ Agriculture ☐ Manufacturing	☐ Transportation and Public Utilities☐ Mining☐ Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):		
	CIARA GRAYBILL		
	(Name) 2682 W BETH LOOP		(Name)
	(Address) (Address)		
	POST FALLS, ID 83854		
	(City)	(State) (Zîpcode)	(City) (State) (Zipcode)
Pr	inted Name: CIARA GRAY	BILL	Secretary of State use only
Sig	gnature:		
	rinted Name		IDAHO SECRETARY OF STATE
	gnature:		11/21/2016 05:00 CK:1101 CT:331480 BH:1556373
			1@ 25.00 = 25.00 ASSUM NAME #2
Pr	inted Name:		D190530

Rev. 08/2015