

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE



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.

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

Sweet 'N' Stylin (Hair Salon)

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	Complete Address
<u>Sweet 'N' Stylin</u>	<u>150 South main #16 Malad Id 83252</u>
<u>Steve & Lisa Sweeten</u>	<u>291 N 300 W Malad, Id 83252</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) 766-5333

150 South main #16
Malad Id. 83252

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

Signature: Lisa M Sweeten

Printed Name: Lisa M. Sweeten

Capacity: President

(see instruction # 8 on back of form)

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

12/26/2000 09:00
CK: 145 C1: 139994 BH: 368887

1 @ 20.00 = 20.00 ASSUM NAME # 2

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