



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.

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

The Sheen Touch

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 Kristine S Simpson Complete Address 6555 N Jennifer Ln.
Idaho Falls, ID 83401

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): 208-524-4548

Kris Simpson
6555 N Jennifer Ln.
Idaho Falls, ID 83401

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

Signature: Kris Simpson

Printed Name: Kris Simpson

Capacity: owner

(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

10/13/2000 09:00
CK: 142 CT: 137164 DH: 354202

1 @ 20.00 = 20.00 ASSUM NAME # 2

039459

FILED/EFFECTIVE