

227



# CERTIFICATE OF

## ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 DEC 19 AM 9:37

STATE OF IDAHO

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

Ardis's Hair & Skin Care

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Ardis Eckel

HC67 Box 54, Grangeville, ID 83530

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

Ardis's Hair & Skin Care  
HC67 Box 54  
Grangeville, ID 83530

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
 700 West Jefferson  
 Basement West  
 PO Box 83720  
 Boise ID 83720-0080  
 208 334-2301

Phone number (optional):

(208) 983 0130

Secretary of State use only

Signature: Ardis Eckel

(signature required)

Printed Name: Ardis Eckel

Capacity/Title: Owner

(see instruction # 8 on back of form)

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 Rev/Dec 04/2003

IDAHO SECRETARY OF STATE  
 12/19/2003 05:00  
 CK: 1219102285043KAW CT: 172099 BH: 71750  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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