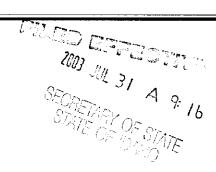


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



TODD STEWART SALON	
2. The true name(s) and business address(es business under the assumed business nam Name TODD S. PUGATCH SHEILA J. PUGATCH	
	der the assumed business name is:
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TODD PUGATCH 1502 E FEATHER VIEW DR. EAGLE, ID 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-938-1208
	Secretary of State use only
gnature: (signature required) TODD PUGATCH apacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STA ### ### ### ### ### ### ### ### ### ##

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