

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the under	signed use(s) in the transaction of
business is: ROSE COTTAGE	Retreat
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Luchelle Rose 12	Complete Address 20 East Main Street Saint Anthony, ID
	83445
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: UNDIO ROSQ DOE Main Saint Antworld. TD 83445	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above):	Secretary of State use only
ignature: Mille Mill	
Printed Name: LICHQIQ ROSQ	
Capacity/Title: Master Alesthetician & Cosmetologist Signature:	IDAHO SECRETARY OF STATE 10/27/2011 05:00 CK: 188 CT: 158818 BH: 1295882 1 6 25.08 = 25.08 ASSUM MANE # 2
Printed Name: Capacity/Title:	7151004
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