	CERTIFICATE OF ASSUIT (Please type or print legibly.	MED BUS See instructio	SINESS NAME ns on reverse.)
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idate gives notice of adoption of an A	ho Code, the	undersigned SS S
1.	The assumed business name which the unbusiness is: Angelic Skin (^	e(s) in the transaction
2.	The true name(s) and business address(es business under the assumed business name	s) of the entity	or individual(s)
		3400 Brena	
3.		707 Garrit	n Dr. Nampa, Id. 83686 4 Plvd Nampa 83686 med business name is:
	⊠ Retail Trade ⊠ Manufacturing ☑ Wholesale Trade □ Agriculture □ Services □ Construction		nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future correspondence should be addressed:	hone number	(optional): <u>208 – 463 – 1378</u>
	Hugelic Skin Care 3400 Brenan Dr. Namoa Id. 83686		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt į	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		1/98	Secretary of State use only IDANO SECRETARY OF STATE
Signatu	re: Marilinda Boyce		35/64/2661 69:86 : 18842 Cf: 123566 BH: 395126
	Name: Marilinda Boyce	1 .gg	1 9 26.88 = 28.98 ASSUM MANE # 2
Capacit	ty: member LLC	ms\abn.p65	

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(see instruction # 8 on back of form)