

FILED EFFECTIVE

2014 DEC 17 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

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.

Instructions are included on back of application.

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

Spoiled Rotten Salon

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

Kelsey Crawford Hair Design, LLC

13590 Paoletti

W135893

Caldwell, ID 83607

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Same

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

Same

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: _____

Printed Name: Kelsey Crawford

Capacity/Title: Member

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE

12/17/2014 05:00

CK:2431712 CT:172099 BH:1453353
10 25.00 = 25.00 ASSUM NAME #2

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