

Printed Name: _____

Capacity/Title:__

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 2015 JUN 12 AM 8: 43

SECRETARY OF STATE

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

1.	The assumed business name which the unbusiness is: THE QUEEN BEE	dersigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name SKIN FITNESS LLC W152806) of the entity or individual(s) doing ne: <u>Complete Address</u> 8262 N Wayne Drive, Hayden ID 83835
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: The Queen Bee 8262 N Wayne Drive Hayden ID 83835	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
Signa	iture: 44 Wary	Secretary of State use only
_	ed Name: ELEN'S WAT	IDAHO SECRETARY OF STATE
	city/Title: bwwev	06/12/2015 05:00 CK:1038 CT:311288 BH:1479591
Signa	ture:	16 25.00 = 25.00 ASSUM NAME #3

D179695