



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO :

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

HAIR COMPANY & NAILS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Kimberly Haralson

120 Michigan Ave OROFALO, ID 83544

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): 208 476 4668

HAIR COMPANY & NAILS

PO BOX 1596

ORO FALO, IDAHO 83544

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Kimberly Haralson

Printed Name: Kimberly Haralson

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 1/98

9/10/01 forms labn p05

IDAHO SECRETARY OF STATE
11/16/2001 05:00
CK: 212 CT: 153648 BH: 430031
1 @ 20.00 = 20.00 ASSUM NAME # 2

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