

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. OL MAR 29 PM 1: 80

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: CLIPPERS HAIR DESIGN	use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Ohiochapher To Crau Ford 999	ntity or individual(s) doing Complete Address Federal Way Suite 4 5 PD 83 705
3. The general type of business transacted under the a Retail Trade Transportation and Pul Wholesale Trade Agriculture Agriculture	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Chris Crawford 999 Federal way # 4 2015 3 PD 83 405	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

Signature:

Printed Name: Christop

Capacity/Title: OW Ner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

03/29/2004 05:00

CK: 32913075011DNF CT: 172099 BH: 736041

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