



# CERTIFICATE OF ASSUMED BUSINESS NAME

10 JUL 29 AM 8:44

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE  
STATE OF IDAHO

**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:

SERENDIPITY SPA AND BOUTIQUE

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

<u>Name</u>	<u>Complete Address</u>
<u>LISA HAWKINS</u>	<u>1330 ADDISON AVE E, TWIN FALLS, ID 83301</u>
<u>WAYNE HAWKINS</u>	<u>1330 ADDISON AVE E, TWIN FALLS, ID 83301</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

LISA HAWKINS  
1330 ADDISON AVE E  
TWIN FALLS, ID 83301

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

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

LISA HAWKINS  
1330 ADDISON AVE E  
TWIN FALLS, ID 83301

Signature: *Lisa Hawkins*

Printed Name: LISA HAWKINS

Capacity/Title: OWNER

Signature: \_\_\_\_\_

Printed Name: WAYNE HAWKINS

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/29/2010 05:00  
CK: NO CK # CT: 249982 BH: 1232565  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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