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 2009 DEC -4 PM 3: 59

SECRETARY OF STATE STATE OF IDAHO

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

| Echo's Sal | on & Wellness Center | |
|--|--|------------------------|
| 2. The true name(s) and business address business under the assumed business Name Landon LLC | | 1 |
| 3. The general type of business transacted | | |
| Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est The name and address to which future correspondence should be addressed: | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 | |
| Echo's Salon & Wellness Center 601 Bryden Ave. | Bolse ID 83720-0080 (208) 334-2301 | |
| Lewiston, ID 83501 | | |
| 5. Name and address for this acknowledge copy is (if other than # 4 above): | ment | |
| | Secretary of State use only | 11 Sy |
| nature: Ea.NO hundebong nted Name: Echo Lundebeng pacity/Title: Owner - Landen LLC | IDAHO SECRETARY OF STO 12/04/2009 05 CK: 355348 CT: 172099 9H: 1 0 25.00 = 25.00 ASSUM | = 00 1197968 |