

CERTIFICATE OF ASSUMED BUSINESS NAME

he undersigned FILED EFFECTIVE

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

2012 AUG 27 AM 9: 27

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

SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the und business is: | dersigned use(s) in the transaction of |
|---|---|
| Shear Expressions | Hair Salon |
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name LSA JOHNSON | · · · · · · · · · · · · · · · · · · · |
| 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: 10504 N. Camp Court Fauden, TD 83835 | 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 JOHNSON 10564 N. Camp Court Toucher to . 83835 | Secretary of State use only |
| Signature: Proc Johnson | , |
| Printed Name: USA JOHNSON | |
| Capacity/Title: 1/0Wner | IDAHO SECRETARY OF STATE |
| Signature: | 08/28/2012 05:00 CK: 1939 C7: 273787 BH: 1337593 1 8 25.80 = 25.80 ASSUM NAME # 2 |
| Printed Name: | |
| Capacity/Title: | D157707 |

abn.pmd Rev. 07/2010