

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR 27 PM 3: 05

	Filing fee: \$2	5.00.		SI	ECRETARY	F 05
1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Village Square Barber Shop & Salon					
	vinago equalo parso, e	mop & Calon				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	EricaVictoria Osorio	/ictoria Osorio PO Box 1883 McCall Idaho 83638				
	(Name)	(Address)	***************************************			
	(Name)	(Address)	<u> </u>			
	(Name)	(Address)				
	(Name)	(Address)			<u>, , , , , , , , , , , , , , , , , , , </u>	
3.	The general type of business transacted under the assumed business name is:					
	Retail Trade	Constructio	n		tion and Public U	Jtilities
		Agriculture		Mining		15 (.(.
	⊠ Services	Manufacturi	ing	Finance, in	surance, and Re	eal Estate
4.	Mailing address for future	e correspondence:			s for this acknow	vledgment
	EricaVictoria Osorio		col	py is (if other than #	4):	
	(Name)	<u> </u>	(Nar	me)		
	PO Box 1883					
	(Address) McCall Idaho 83638		(Add	dress)		··
	(City)	(State) (Zipcode)	(City	y)	(State)	(Zipcode)
Pri	nted Name: EricaVictorio	Osorio		Secreta	ry of State use only	

IDAHO SECRETARY OF STATE 03/27/2018 05:00

CK:17200810 CT:172099 BH:1634748 16 25.00 = 25.00 ASSUM NAME #2

D201493

Signature:

Printed Name: ____

Signature:

Printed Name:

Signature:

Rev. 08/2015