



CERTIFICATE OF ASSUMED BUSINESS NAME.

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

2014 DEC 26 PM 2:09

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:

Shear Beauty Hair & Makeup Studio

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

Name

Complete Address

Tiffani C. Calkins

3050 N. Lake Harbor Ln. Suite #118
Boise, ID 83703

Delaina Rosales

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

3050 N. Lake Harbor Ln. Suite #118
Boise, ID 83703

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

710 Pearl St.
Boise, ID 83705

Signature: Tiffani Calkins

Printed Name: Tiffani Calkins

Capacity/Title: Owner / Partner

Signature: Delaina Rosales

Printed Name: Delaina Rosales

Capacity/Title: Owner / Partner

Secretary of State use only

IDAHO SECRETARY OF STATE

12/26/2014 05:00

CK:1066 CT:304534 BH:1454565
10 25.00 = 25.00 ASSUM NAME #2

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