CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

THE SECRETARY OF Pursuant to Section 53-504, Idaho Code, the undersigned 9: 39

gives notice of adoption of an Assumed Bus	iness Name
gives notice of adoption of an Assumed Bus 1. The assumed business name which the undersigned u business is:	se(s) in the transaction of
NU LOOK SAION	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Name Co	emplete Address HO STREET, WENDELL, ID 833
The general type of business transacted under the assument (mark only those that apply)	med business name is:
Services Agriculture Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning
p and another enough be addressed.	(optional):208-536-6224
NU LOOK SALON MICHELE M MARCZINKO 495 S IDAHO STREET	Submit Certificate of Assumed Business Name and \$20.00 fee to:
WENDELL, ID 83355 5. Name and address for this acknowledgment copy is (if other than # 4 above): DL EVANS BANK	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bøise ID 83720-0080
980 S LINCOLN	208 334-2301
JEROME, ID 83338	Secretary of State use only IDAHU SECRETARY OF STATE
nature: Wickele M. Warsenho & cx:	2/27/2000 09:00 983194 CT: 138812 BH: 369889
ted Name: Michaelo Millarczinko	e 20.00 = 20.00 ASSUM NAME # 2
acity: (see instruction # 8 on back of form)	D41391