Capacity: wher

(see instruction # 8 on back of form)

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

	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code, the undersigned 51 M 100 sumed Business Name.
1.	The assumed business name which the und business is: Celtic Harp Facial Enha	
2.	The true name(s) and business address(es) business under the assumed business name Name Deborah W. Fereday	• • • • • • • • • • • • • • • • • • • •
3.	The general type of business transacted und (mark only those that apply) W Retail Trade	
4.	The name and address to which future Procurespondence should be addressed: Some as above	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
-	ure: <u>Deborah W. Gereday</u> I Name: Deborah W. Fereday	Secretary of State use only IDAHO SECRETARY OF STATE 97/18/2000 99:00 CK: 140 CT: 133657 BH: 334238 1 2 28.86 = 28.86 ASSUM NAME # 2
rinted	Name: <u>Deborah W. Fereolou</u>	Spd.

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