P	•	1
---	---	---

FILED EFFECTIVE 0F3

	CERTIFICATE OF	:	
	ASSUMED BUSINESS	SNAME 2010 NOV -9 PH 2:	26
	Pursuant to Section 53-504, Idaho Code, th	ne undersigned	
	submits for filing a certificate of Assumed Business Name. SECRETARY OF STAT		TE
· Ir	Please type or print legibly. Instructions are included on back of apr		
	assumed business name which the un	dersigned use(s) in the transaction of	
busi	ness is:		
	Revelations H	air and Nail Salon	,
2. The	true name(s) and business address(es	s) of the entity or individual(s) doing	
	ness under the assumed business nam	ne:	
	Name	Complete Address	
Kinc	dra J Baler	356 W Sunnyside Suite A	
	· · · · · · · · · · · · · · · · · · ·	Idaho Falls, ID 83402	
		•	
3. The	general type of business transacted u	nder the assumed business name is:	
		n and Public Utilities	
Ē	Wholesale Trade Construction		
			7
	Manufacturing 🔲 Mining	Submit Certificate of	
	Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:	
4 76-	name and address to which future		
• • • •	espondence should be addressed:	Secretary of State 450 North 4th Street	
	elations Hair and Nail Salon	PO Box 83720	
356	W Sunnyside Suite A	Boise ID 83720-0080 208 334-2301	
Idah	o Falls, ID 83402	206 334-2301	1
5. Nam	ne and address for this acknowledgme	nt	
copy	/ iS (If other than # 4 above):		
	•		
·		Secretary of State use only	1
ignatu	Kindra Balin		
Printed Na	ame: Kindra Baler		•
	Title: Owner		
6			
<u>.</u> чт.	me:		
	litie:	IDAHO SECRETARY OF ST	ATE 5 2 0 0
		CK 546639 CT: 172899 BH:	1246557
	ibt.pmd Rev.07	1 8 25.99 = 25.98 ASSUM	i Name # 2
		D143	3/23
		U14-J	