



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 AUG 31 PM 1:31

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Naked Face Medical Boutique

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):

~~Stefanie Magee Ponzo MMS, PA-C 1321 E. Albacore Ln. Kuna, ID 83634~~

(Name)

(Address)

Naked Face Medical PLLC 1321 E. Albacore Ln. Kuna, ID 83634

(Name)

(Address)

(W 207491)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Stefanie Magee Ponzo

(Name)

1321 E. Albacore Ln.

(Address)

Kuna

ID

83634

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name:

Stefanie Magee Ponzo

Signature:

[Signature]

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/29/2018 05:00

CK: 20023866 CT: 172099 BH: 1661428

1@ 25.00 = 25.00 ASSUM NAME #3

D 204968