



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUN 24 AM 8:20

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:

AESTHETICS OF PLASTIC SURGERY

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

TOM CRAIS, M.D., P.C.

315 S RIVER STREET, HAILEY, ID 83333

BEAUTIFUL SKIN, LLC

315 S RIVER STREET, HAILEY, ID 83333

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

THOMAS F. CRAIS M.D.

PO BOX 2741

HAILEY, ID 83333

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

SAME

Signature: Thomas F. Crais M.D.

Printed Name: THOMAS F. CRAIS M.D.

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/24/2014 05:00

CK:3690 CT:137575 BH:1430503

1@ 25.00 = 25.00 ASSUM NAME #2

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