



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EF/FS/12

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

02 MAR 20 AM 8:41

Please type or print legibly.

NOTE: See instructions on reverse before filing. SECRETARY OF STATE
STATE OF IDAHO

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

Native Skin Nails

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

NameComplete Address

Jim Wagenman and/or
Mary Ellen Wagenman

135 Main Ave East
Twin Falls, Id. 83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Native Skin
135 Main Ave East
Twin Falls, Id. 83301

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

Phone number (optional):

Secretary of State use only

Signature: Jim WagenmanPrinted Name: Jim WagenmanCapacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 12/2001

IDaho SECRETARY OF STATE
03/20/2002 05:00
CK: 1248 CT: 158010 BH: 453372
1 @ 20.00 = 20.00 ASSUM NAME # 4

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