

Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2016 AUG -8 PM 4: 24

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the unbusiness is: Beauty By Jer	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name	, , ,
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 25/7 West mill ct Hampa Tdaho 83686	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 08/08/2016 05:00 CK:CASH CT:158010 BH:1541041 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D18811211

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