

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

## FILED EFFECTIVE

2016 OCT 31 AM ID: 16

STATE OF IDAHE

1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Bella Skin & Wellness Spa					
		<del></del>				
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):  Bella Skin & Wellness Spa LPO Box 191, Carmen ID 83462  (Name) 10 10 70 70 (Address)					
	(Marrie) W1135172 (Address)					
	(Name) (Address)					
	(Name)	(Address)				
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	☐ Retail Trade       ☐ Construction         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☐ Manufacturi		culture	<ul><li>Transportation and Public Utilities</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>		
4.	Mailing address for future correspondence:			<ol> <li>Name and address for this acknowledgment copy is (if other than # 4):</li> </ol>		
	Bella Skin & Wellness Spa			• •		
	(Name) PO Box 191		<del></del>	(Name)	<del></del> _	
	(Address)	-		(Address)	<del></del>	
			ipcode)	(City) (State)	(Zipcode)	
Printed Name: Kristi Weir				Secretary of State use only		
Sig	gnature: Kitz l'Oc	in.				
Printed Name:				10AHO SECRETARY OF STATE 10/31/2016 05:00		
Signature:				CK:2062 CT:330712 BH:1553192 16 25.00 = 25.00 ASSUM NAME #3		
Pri	nted Name:					
Signature:				D190079		

Rev. 08/2015