	CERTIFICATE	OF	FILED EFFECTIVE
	ASSUMED BUSINE	SS NAME	2006 AUG 25 AM 9: 10
	Pursuant to Section 53-504, Idaho Co		ed
	submits for filing a certificate of Assur		SECRETARY OF A
NO	Please type or print legib TE: See instructions on reverse	•	e. SECRETARY OF STATE STATE OF IDAHO
		berere ining.	UAHO
1. The as busine	ssumed business name which the	e undersigned u	use(s) in the transaction of
	· Q	uesnell's Salon	
	ue name(s) and business addres	• •	ity or individual(s) doing
busine	ess under the assumed business Name		Complete Address
	Quesnell's Cuts, Inc.		coin St. Ste 1, Post Fails, ID 83854
	( <128727 )		
			Address After Sept 8-06
			EST MULLIAN PAST FAILS IN Suite B 82601
3. The g	eneral type of business transacte	ed under the ass	
_			
		ation and Public	c Utilities
	Wholesale Trade 🔲 Construc		
	Services 🔄 Agricultu	re	Submit Certificate of
	Manufacturing 🗌 Mining		Assumed Business
	Finance, Insurance, and Real Es	state	Name and \$25.00 fee to:
4. The na	ame and address to which future		Secretary of State
	pondence should be addressed:		700 West Jefferson
			Basement West
Ques	snell's Salon		PO Box 83720
	incoln St. Ste 1, Post Falls, ID 83854		Boise ID 83720-0080
Mailin	a Address After Self 8-06		200 007 2001
5 Nam	e and address for this acknowled	HUS LA	Phone number (optional)
	is (if other than #4 above).	igment 0500 P	208-773-7167
			200-773-7107
	an a		Secretary of State use only
	<u></u>		
		ig in the second	
Signature:	and Junnell.	·	
Printed Nam	Carol Quesnell	Revised O4/2000	
		g:toopt/forms/adah	IDAHO SECRETARY OF STATE
Capacity/Titl		boo	CK: 2047 CT: 114988 M: 971928
	(see instruction # 8 on back of form)	-	1 8 23.86 = 25.88 ASSUM NAME #
			Disaste
			D103116