



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2016 JUN -9 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

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

Facial Aesthetics

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):

Angela Pomponio 402 Twin Springs Ln. Lenore ID 83541

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

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

4. Mailing address for future correspondence:

Angela Pomponio  
(Name)  
402 Twin Springs Ln.  
(Address)  
Lenore ID 83541  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Angela Pomponio  
Signature: A. Pomponio  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/09/2016 05:00  
CK:7048 CT:158010 BH:1532408  
10 25.00 = 25.00 ASSUM NAME #2

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