## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly.



03 APR -2 AM 10: 32

WE WAR LARY DE STATE

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
The assumed business name which the undersigned business is:      SharpCuts by Terr	
	ntity or individual(s) doing  Complete Address  5 Fairence Ave #4  (Nee 83704
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Maria Teraso Staten  20636 N. Whitten Dr.  Green leaf, Ida ho 83606	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
25 J	0 640 98

grooptformstabn formsta Revised 09/2002

IDAHO SECRETARY OF STATE

94/92/2093 95:99

CK: 1482 CT: 158010 BH: 672378

1 0 20.00 = 20.00 ASSUM NAME # 2

Signature and signature of Printed Name: Mocia Capacity/Title:\_

(see instruction #8 on back of form)