

Printed Name: With

* (see instruction # 8 on back of form)

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.

09 JUL 24 AM 8: 50 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

. The assumed business name which the undersign business is:	ed use(s) in the transaction of
Victorian Beauty	Parlor
2. The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address
Dildra Parks 208	المامين المامين المامين المامين
	2/02/01
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Po	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Nampa 10 83686	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
₈	
nature: Source to the source t	

IDAHO SECRETARY OF STATE

07/24/2009 05:00

CK: 1178 CT: 239897 BH: 1188878

1 8 25.68 = 25.60 ASSUM NAME #

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