



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.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

09 JUN -8 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

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

MIRAS EXSALONCE SALON

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

MIRA DELIC

953 BLUE LAKES BLV
TWIN FALLS ID 83301

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

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

4. The name and address to which future correspondence should be addressed:

953 BLUE LAKES BLV
TWIN FALLS ID
83301

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

MIRA DELIC
1262 Twin Villa Loop
TWIN FALLS ID 83301

Signature: Mira Delic
(signature required)

Printed Name: MIRA DELIC

Capacity/Title: SERVICE

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

Secretary of State use only

g:\corporate\form\idm\p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/08/2009 05:00
CK: 1358 CT: 237734 BH: 1173572
1 @ 25.00 = 25.00 ASSUM NAME # 2

D131305