## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 98 JUL 16 AM 8-50 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Nagrate OF STA 1. The assumed business name which the undersigned use(s) in the transaction of business is: The Paws Parlor (nail care) 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 131 maine N. Sheri Vanek (Sharon ) KIMBERLY ID.\*\* 83341 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_\_\_\_ correspondence should be addressed: The paws parlor Submit Certificate of Assumed Business % Sheri Vanek Name and \$20.00 fee to: 131 P.O Box 424 Secretary of State Kimberly, Id. 83341 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 07/16/1998 09:00

CK: 1034 CT: 101541 BH: 128435

1 P 20.00 = 20.00 ASSUM WANTE

#D16730

Signature: Sheri Vanek

Printed Name: Sheri Vanek

Capacity: Owner

(see instruction # 8 on back of form)