



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.

AUG 16 AM 8:11

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Dream Boutique Hair and Nail 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
<u>Sheryl Purcell Moss</u>	<u>126 Warren Ave, Pocatello, 83201</u>
<u>Michael Moss</u>	<u>126 Warren Ave, Pocatello, 83201</u>

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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Sheryl Moss
126 Warren Ave
Pocatello, ID 83201

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

Phone number (optional):
234-1344
241-1516

Signature: Sheryl Purcell Moss
(signature required)

Printed Name: Sheryl Purcell Moss

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

D14229

IDAHO SECRETARY OF STATE
08/16/2007 05:00
CK: 1810 CT: 158010 BH: 1071036
1 @ 25.00 = 25.00 ASSUM NAME # 2