CERTIFICATE OF ASSUMED BUSINESS NAME, TOO

option of an Assu				SP OF STATE OF IDAHO
The assumed bu business is:	usiness name which th	e undersigned us	e(s) in the trans	action of
	MAZIC	NAILS		
) and business addres the assumed business		or individual(s)	doing
	Name		Address	
SAND	Y PHAM	1509 CP	HOWELL RL	101 # 39E
	li	LAMPA	Inarto	83651
-	-			
•	-			
The general type	e of business transacte	ed under the assur	med business n	ame is:
The general type	e of business transacte	ed under the assur	med business n	ame is:
Services	P	ed under the assur	med business n	ame is:
The general type See categories on the	P	ed under the assur	med business n	ame is:
See categories on t	he reverse	# The state of the		ame is:
See categories on t	he reverse ddress to which corres	spondence should		ame is:
See categories on t	he reverse	# The state of the		ame is:
See categories on the name and a	he reverse ddress to which corres	spondence should	be addressed:	ame is:
See categories on the name and a	he reverse ddress to which corres SANDY	spondence should	be addressed:	
See categories on the name and a	he reverse ddress to which corres SANDY	ph7m # 395 MA	be addressed:	
See categories on the name and a	ddress to which corres	spondence should PHAM # 39 B MA	be addressed:	

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only 10410 SECRETARY OF STATE

11/17/1997 09:00 CK: 1889 CT: 69928 BH: 55922

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