

CERTIFICATE OF ASSUMED BUSINESS NAME ILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

2015 FEB 12 AM 8: 46

Please type or print legibly. Instructions are included on back of application.

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The assumed business name which the	
business is:	
Capelli Salon and Spa	
The true name(s) and <u>business</u> address business under the assumed business name Name Ben Garrett	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	tion and Public Utilities on Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Capelli Salon and Spa E 186 Neider Ave Coeur d' Alene ID 83815	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above): Ben Garrett 8236 N Chase Rd Post Falls ID 83854	ment Secretary of State use only
rinted Name: Benjamin R ^b Garrett	
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IDAHO SECRETARY OF STATE 02/12/2015 05:00

CK:1042 CT:306378 BH:1461600 10 25.00 = 25.00 ASSUM NAME #2

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abn.pmd Rev. 07/2010

Capacity/Title: Owner

Capacity/Title: ___

Signature:

Printed Name: