

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



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 Name.

00 JUL -3 AM 9:08
STATE OF IDAHO

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

Salon Novel (Salon Novel)

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

Name Joni J. Sullivan Complete Address #301 1150 W State St Boise Id 83702

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): _____

Joni J. Sullivan
2009 S Roosevelt
Boise Id 83705

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

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

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

IDAHO SECRETARY OF STATE

07/03/2000 09:00
CK: 1359 CT: 116901 DH: 330921

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 37123

Signature: Joni J. Sullivan

Printed Name: Joni J. Sullivan

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

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