## 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.

05 SEP 19 AH 10: 06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

<u> </u>	STATE OF IDA <b>HO</b>
1. The assumed business name which the undersigned	use(s) in the transaction of
business is:	
ENCORE SALON	
TOOL SHOOL	
( ) Living addragg(og) of the en	atity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of the er	inty of marriagan(e) as a g
business under the assumed business name:	Complete Address
Name	
Kristina Barinaga-Burt. 1315	
	1SE IA 83/09
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub	MC Offittes
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
Kristina barinaga-Buit	PO Box 83720
5878 S. Ochid Way	Boise ID 83720-0080
9070	208 334-2301
Boise Id 83/10	
<ol><li>Name and address for this acknowledgment</li></ol>	Phone number (optional):
CODY IS (if other than # 4 above).	<u> </u>
	Secretary of State use only
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Signature: A The Asignature required	IDAHO SECRETARY OF STATE
Kicha Rayado - Kul	CK: 1400 CT: 158019 BH: 912564
- 1 E	1 5 C3.00 = C3.00 H35UN MARK # (
Capacity/Title: Owner 1	D41645