



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2018 JAN -8 AM 11:00

SECRETARY OF STATE
STATE OF IDAHO

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

Lice Clinic of Twin Falls

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Louse House, LLC 231 S. 4 W. Burley, Idaho 83318

(Name) (W194595) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

Nicole Stokes

(Name)

231 S. 4 W. Burley, Idaho 83318

(Address)

Burley, Idaho 83318

(City)

(State)

(Zipcode)

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

Lance A. Loveland

(Name)

P.O. Box 910

(Address)

Burley

(City)

Idaho

(State)

83318

(Zipcode)

Printed Name: Nicole Stokes

Signature: Nicole Stokes

Printed Name: Sarah Clark

Signature: Sarah Clark

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2018 05:00

CK:34227 CT:3708 BH:1620127
1@ 25.00 = 25.00 ASSUM NAME #3

D 199371