	CERTIE	CATE OF		FILED E	FECTIV
		USINESS NA	ME	and the set of the ground states of	AUG 22 AM
P	ursuant to Section 53-50	4, Idaho Code, the under ate of Assumed Business	rsigned		LRETARY OF
SI	Please type or t		s vanie.	JC.	STATE OF ID
NOTE	: See instructions of	n reverse before filin	g.		
1. The assu	med business name	which the undersig	ned use(s) in t	he transaction of	
business			(a.C.		
	Dynamic S	Skin Solutio	<u>ins</u>	••••••••••••••••••••••••••••••••••••••	:
	name(s) and busine under the assumed	ess address(es) of the	e entity or indiv	vidual(s) doing	*
	Name		Complete	Address	
Bren	la Kaye Gil	liland Carr	1029 W.	State St	······································
	· · · ·		Boise la	1.83703	
		<u></u>			<u>, </u>
3. The gen	eral type of business	s transacted under th	e assumed bu	siness name is:	
	etail Trade	Transportation and I	Public Utilities		
	holesale Trade	Construction Agriculture			٦
		Mining		Certificate of ed Business	
	nance, Insurance, ar	· · · · · · · · · · · · · · · · · · ·	Name a	ind \$25.00 fee to:	
	ne and address to wi			ry of State st Jefferson	
	ondence should be a		Basem	ent West	
Bren	da Gilliland C		PO Box Boise II	(83720) 83720-0080	
_ <u>51</u> Br		<u>+.</u> 03	208 334	4-2301	
5 Name	and address for this	acknowledgment	Phone n	umber (optional):	
	(if other than #4 above).	uomoog			
			Sec. 1	ecretary of State use on	У
					н.
Signature:	(sighature required)	re an		:	
Printed Name	Brenda Gillila	nd Carr		IDAHO SECRETARY 08/22/2007	
Capacity/Title		Kducoj 5	1	L # 25.09 = 25.09	ASSUM NAME & 8
(1	ee instruction # 8 on back of fo	(mnc		111	2919

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