CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 93 107 12 Pd 2: 59 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: NAIL CARE COTTAGE 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 Complete Address St. CLARE 1200 So Curtis St. CLARE 83705 13015e 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208 36484 [1] 4. The name and address to which future correspondence should be addressed: Clare & Linoa St. Clare Submit Certificate of Assumed Business Name and \$20.00 fee to: 83705 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 I Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 11/13/1998 09:00 CK: 8622 CT: 186698 BH: 161147 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name: 5 Teven D1980A Capacity: Deveral

(see instruction # 8 on back of form)