

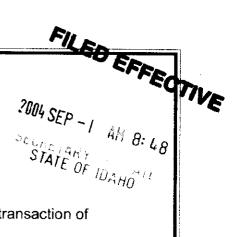
## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



Clear Skin     The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing
Name	: Complete Address
Boise Laser and Cosmetic Surgery Center, P.C	6077 N. Eagle Road
C138605	Boise, ID 83713
	er the assumed business name is:
<ul> <li>Wholesale Trade</li></ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Clear Skin Solutions  6077 N. Eagle Road  Boise, ID 83713	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: (signature required) nted Name: Bret J. Rodgers	TO INTERIOR SECRETORY BE STOTE

69/61/2004 65:00 CK: 3855 CT: 177887 BH: 764888 1 0 25:00 = 25:00 ASSUM NAME # 2

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