

Capacity/Title: <u>しいいてい</u>

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/El CTIVE

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

2002 SEP 27 Mi 8: 50

D58648

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersign	ର୍ଜ୍ୟ ନିର୍ମ୍ଦର (ଜଣ ଅଧିକାର ed use(s) in the transaction of
business is:	
SAlon Essentials H	air and nail design
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Daphne Kelly 16	12th aux South # 112
Daysing	and ID
	0 - :
	83451
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Salon Essentials	PO Box 83720
c/o Dashne Kelly	Boise ID 83720-0080 208 334-2301
16 12th and South	250 50 7 250 1
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above).	208-859-5669
	Secretary of State use only
Signatures October Signature required Printed Name: Dank & Kelly	IDANO SECRETARY OF STATE
Printed Name: Dankny Kelly	09/27/2002 05:00 CK: 1371 CT: 158010 BH: 498578 1 0 20.00 = 20.00 ASSUM NAME # 2