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CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, to submits for filing a pertificate of Assumed Please type or print legibly.	S NAME the undersigned SECRETARY OF STATE
instructions are included on back of ap	plication.
1. The assumed business name which the un business is: Skin Care by Melody	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(a business under the assumed business name <u>Name</u>	s) of the entity or individual(s) doing me: <u>Complete Address</u>
Melody Johnson	3777 N.Eagle Rd. Boise, Id. 83713
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture	n and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Melody Johnson	Secretary of State 450 North 4th Street PO Box 83720
6886 Purple Sage Rd. Star, Id 83669	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	nt
gnature: Walledel anson	Secretary of State use only
inted Name: Melody Johnson apacity/Title: Owner	9494 <sup>7</sup>
gnature:	
rinted Name;apacity/Title:	IDAHO SECRETARY OF STATE 11/09/2012 05:00 CK: 1192759 CT: 172099 BH: 13471 1 0 25.00 = 25.00 ASSUM NAME #
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