

Capacity/Title:_

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF

EN ED PERECTIVE

ASSUMED BUSINESS NAMES JAN 14 AM 8: 48 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name (1)

ŀ	The assumed business name which the unders business is:	igned use(s) in the transaction of
	Images Sal	on and Day Spa
2. 1 b	The true name(s) and business address(es) of to business under the assumed business name: Name Melissa Kay Suhr 18	
[[[] [] [] [] [] [] [] [] []	he general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate is name and address to which future rrespondence should be addressed: mages Salon 58 East Main Street Grangeville, Idaho 83530	
5. Ná co	ame and address for this acknowledgment ppy is (if other than #4 above).	Phone number (optional): 208-983-2444
~		

IDAHO SECRETARY OF STATE
01/14/2005 05:00
CK: 1194 CT: 158010 BH: 787393
1 0 25.00 = 25.00 ASSUM NAME # 2

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