CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned AM 9: 39
gives notice of adoption of an Assumed Business Name

AM 9: 39

gives notice of adoption of an Assum	Official DV Con A
The assumed business name which the undersi business is:	gned use(s) in the transaction of
Nice Hair	
2. The true name(s) and business address(es) of t	ha antity or individual(a) dains
business under the assumed business name is/s	are:
Name ,	Complete Address
	N. Houser LK. Post Falls, ID. 83884
Sarah Lin Carey P.O. B	10x 1225, spirit Lake, ID. 83869
 The general type of business transacted under the mark only those that apply) 	he assumed business name is:
Retail Trade Manufacturing	Transportation and Public Utilities
Wholesale Trade Agriculture	Finance, Insurance, and Real Estate
Services	_ Mining
4. The name and address to which future Phone	number (optional): 208 623-9946
correspondence should be addressed:	
Sarah Lin Carey	Submit Certificate of
P.O. Box 1225	Assumed Business
P.O. BOX 122	Name and \$20.00 fee to:
Spirit Lake, ID 83869	Secretary of State
E. Nomo and address for this sales and a	700 West Jefferson
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Basement West
COPY 13 (ii other than # 4 above).	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
799	Sectionary of State ass only
Revision 12099	
Signature: Sand Carry 2	IDAHO SECRETARY OF STATE 06/24/2002 05:00
Printed Name: Sarah Carey	06/24/2002 05:00 CK: 1639 CT: 161398 BH: 473426 1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity: Owner	;
Capacity: Owner (see instruction # 8 on back of form)	D 5602/
8	