

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 JUL 17 AM 11:27

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

A Beautiful You MASTECTOMY Boutique

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

LeAnne Kovick

19853 Absecon Pl. CALDWELL, ID 83605

Curtis Kovick

19853 Absecon Pl. CALDWELL, ID 83605

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

LeAnne Kovick
19853 Absecon Place
CALDWELL, ID 83605

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: LeAnne Kovick

Printed Name: Le Anne Kovick

Capacity/Title: Owner / operator

Signature: Curtis Kovick

Printed Name: CURTIS Kovick

Capacity/Title: Owner / operator

Secretary of State use only

IDAHO SECRETARY OF STATE

07/17/2014 05:00

CK:2065122 CT:172099 BH:1433599

1@ 25.00 = 25.00 ASSUM NAME #2

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