

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

The Split End

01 FEB -6 AM 8:46
SECRETARY OF STATE
STATE OF IDAHO

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

Name	Address
<u>ERMA CARLISLE</u>	<u>P.O. Box 292, PAUL, Id 83347</u>
<u>GRACIE STAFFORD</u>	<u>PO. Box 292. PAUL, Id. 83347</u>

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

Cosmetology Services

See categories on the reverse

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

The Split End, P.O. Box 292, 219 N. Main, Paul Id. 83347

Signed Erma Carlson
By Gracie M. Stafford
Capacity Owner's

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

02/06/2001 09:00
CK: 3544 CT: 141863 BH: 377096

1 @ 18.00 = 18.00 ASSUM NAME # 2

IDAHO SECRETARY OF STATE

02/06/2001 09:00
CK: 271 CT: 141862 BH: 377096

1 @ 18.00 = 18.00 ASSUM NAME # 2

D 42434

FILED/EFFECTIVE