

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.

01 FEB - 6 AM 8:46

STATE OF IDAHO

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

The Split End

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

Erma Carlson

Address

P.O. Box 292, Paul, Id. 83347

Gracie Stafford

P.O. Box 292, Paul, Id. 83347

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

By

Capacity

Erma Carlson
Gracie M. Stafford
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

Revision 10/98

IDaho SECRETARY OF STATE

02/06/2001 09:00
CK: 271 CT: 141862 BH: 377896

1 0 18.00 = 18.00 ASSUM NAME # 2

1 0 18.00 = 18.00 ASSUM NAME # 2

D 412434

FILED/EFFECTIVE