

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE OF TO AMONE

Please type or print legibly.
NOTE: See instructions on reverse before filing.

The assumed business name which the un business is: A I I I I I I I I I I I I I I I I	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Janean White	emoual and SkinCare of the entity or individual(s) doing complete Address 30.3 N 12th Ave Ponate 110, ID 83201
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above): 	Phone number (optional): 236 592
Signature:	### 16/2001 09:00 CK: 740 CT: 145862 BH: 391340 1 2 20.06 = 20.06 ASSUM NAME # 3