



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

07 AUG -8 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

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

Keeley Skin Care

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 |
|-------------------------------|--------------------------|
| <u>Candice Takako Kuheana</u> | <u>2682 W. Beth Loop</u> |
| <u>Kim Clall Kuheana</u> | <u>Past Falls, ID</u> |
| | <u>83854</u> |

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

- | | |
|--|--|
| <input 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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Candice T. Kuheana
2682 W. Beth Loop
Past Falls, Idaho 83854

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

Phone number (optional):

(208) 964-0564

Signature: Candice Kuheana
(signature required)

Printed Name: Candice T. Kuheana

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/08/2007 05:00
CX: 5812 CT: 158818 BH: 1869632
1 @ 25.00 = 25.00 ASSUM NAME # 2

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