



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

Candice Takako Kuheana 2682 W. Beth Loop
Kimo Clell Kuheana Past Falls, ID
83854

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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 T. Kuheana
(signature required)

Printed Name:

Candice T. Kuheana

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\staten\formstaten.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
08/08/2007 05:00
CK: 5012 CT: 150010 BH: 1069632
1 0 25.00 = 25.00 ASSUM NAME # 2

12114000