S

C

Capacity/Title: ___

Printed Name: _____



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 AUG 18 PM 12: 55
SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	The Barber Shop a G	rehriq, Dale 4Co.
2.	The true name(s) and <u>business</u> address(es) of t business under the assumed business name: <u>Name</u>	,
3.	The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: The Barber Shop Dichriq, Dale 40 428 Main 31. N. Twin Falls. Id. 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
ana	ature:	Secretary of State use only
inte apa	ed Name: Stanky Scenson city/Title: Owner	IDAHO SECRETARY OF STATE 08/18/2014 05:00 CK:2146732 CT:172099 EH:143777 16 25:00 = 25:00 ASSUM NAME #2

abn.pmd Rev. 07/2010

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