

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.

01 AUS 15 AT 9:21

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the under business is: All Seasons Tanning	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Loura J. and Rod Frates	Complete Address P.O. Box 775 224 S.W. 3rd Street
3. The general type of business transacted und Retail Trade	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 acknowledgment copy is (if other than # 4 above): 	t Phone number (optional):
Signature: Mun frates Printed Name: Min frates Capacity: (see instruction #8 on back of form)	Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE BB/15/2001 05:00 CK: 1357 CT: 158077 BH: 413721 1 9 29.86 = 28.96 ASSUM NAME 1 2