CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

(see instruction # 8 on back of form)



giv	es notice of adoption	n of an Assumed	l Business Na	ame.	
1. The as busine	ssumed business na ess is:	me which the un	ndersigned us	e(s) in the transa	ction of
	NAILS UNLIN	nited			8
2. The true	ue name(s) and busi	ness address(es ed business nan	s) of the entity	or individual(s) o	loing.
	<u>Name</u> ee Smith		Coi	mplete Address	
				r	Ö
	eneral type of busine	ess transacted ur	nder the assu	med business na	me is:
□ w	etail Trade	Manufacturing Agriculture Construction	Fin	ansportation and l ance, Insurance, ning	/
corres	ame and address to pondence should be		Phone numbe	r (optional): <u>208</u> -	634-3336
<u> </u>	ls Unhimited	\$	•	Submit Certificat Assumed Busine Name and \$20.0	ess
				Secretary of State 700 West Jeffers	
_	and address for this (if other than # 4 above):	acknowledgme	nt	Basement West PO Box 83720 Boise ID 83720-	
	P.O. BOX 1067	ANK		208 334-2301	
	McOALL, ID 83638		n 2/97	Secretary of State IDANO SECRETARY OF	STATE
nature:	Jague Smilh		Revision 2/97	11/04/1998 CX: 181 CT: 186286 1 8 28.88 = 28.88	84: 158692 '19 ASSUM MANE # 2
nted Name:	Joyce Smilt	Ó	gu		TOWN MARK # 2
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