

CERTIFICATE OF ASSUMED BUSINESS NAME



(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Get Nail'd Manicure + Hair Design

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Style Nites</u>	<u>8434 FAIRVIEW</u>
<u>Susan H. HALL</u>	<u>3929 Reed St. #7</u>
	<u>Garden City, Idaho 83714</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

3929 Reed St #7
Garden City Idaho
83714

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

Signature: Susan H. Hall

Printed Name: Susan H. HALL

Capacity: OWNER

(see instruction # 8 on back of form)

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

IDaho SECRETARY OF STATE only

10/28/1999 09:00
CK: 6 CT: 122299 BH: 261668

1 @ 20.00 = 20.00 ASSUM NAME # 2

DB0373

Revisor 2/97

g:\corpforms\abn.0m6