



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 28 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

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

CUT LOOSE Salon & Spa

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Ashley Mclean

(Name)

41004 Burley Drive

(Address)

CHUBBUCK ID 83202

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Ashley Mclean

(Name)

41004 Burley Drive

(Address)

CHUBBUCK ID 83202

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: ASHLEY MCLEAN

Signature: A Mclean

Printed Name: Ashley Mclean

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2015 05:00

CK:3158146 CT:172099 BH:1490010

1@ 25.00 = 25.00 ASSUM NAME #2

DIBIII

6. Name and address for this acknowledgment copy is: