	FILED/LEFECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, Id gives notice of adoption of an	daho Code the undersion 16 148 44 148
1. The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of 10
- SkIN CLINIQUE	
 The true name(s) and business address(e business under the assumed business na 	es) of the entity or individual(s) doing ame is/are:
<u>Name</u>	Complete Address
JOYCE COULTER	71715, 5 Mile Rd, BOISE, ID 83709
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	
7171 S. 5 Mile Rd	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Eoce Ol. 83709 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE 11/16/2000 09:00
Signature age Coulter	11/16/2000 09:00 CK: 6571 CT: 138564 BH: 361274
Printed Name: Joyce Coulter	1.9. 29.89 - 00.00 *******************************
Capacity: Owner	Se ce.en = ce.en ASSUR NAME # 2

(see instruction # 8 on back of form)

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