CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
(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 gives notice of adoption of an Assumed Business Name (1)			
1. The busi	. The assumed business name which the undersigned use(s) in the inansaction of business is:		
•	Hair Force		
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
М	Name Maria N. Fitzhugh 481 Sout		
J	ulie Bean	44 West 532 S	outh Burley, Idaho
· · ·			
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining  4. The name and address to which future Correspondence should be addressed:			
Mar	ia N. Fitzhugh	Submit Certificate of	
240	00 Overland Ave		Assumed Business Name and <b>\$20.00</b> fee to:
	tley, Idaho 83318  me and address for this acknowledgme	ınt	Secretary of State 700 West Jefferson Basement West
	y) is (if other than # 4 above):	1111	PO Box 83720
×D.I	Evans Bank		3oise ID 83720-0080 208 334-2301
P.0	D. Box 517		Secretary of State use only
<u>Alt</u> Signatu <del>re:</del>	Dign Idaho 83311	Revision 2/97	IDAHO SECRETARY OF STATE  26/14/2621 29:22  X: HO CK # CT: 1121 BH: 482766  1 2 28.88 = 28.88 ASSUM NAME # 2
Printed Name: Maria N. Fitzhogh			
Capacity: Owner (see instruction # 8 on back of form)		g tcorptformstabn pm6	D 46095