

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. JUN 20 AM 8: 54

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	SIMIL OF TOAHO
The assumed business name which the under business is:	ersigned use(s) in the transaction of
CLEAR CHOICES SKIN CAR	E AND ELECTROLYSIS
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name ROBERTA MCCABE, EEL, EST	Complete Address 211 E. PINE ST., STE 101 MERIDIAN, TD 83642
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: ROBERTA MCCABE 710 CELESTE DRIVE EMMETT, ID 83617	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above):	t Phone number (optional):
	Secretary of State use only
D1 -1 man 1	IDAHO SECRETARY OF STATE
Signature: Kokerla) M Cake	O6/20/2001 09:00 CK: 1 CT: 147851 BH: 483868
Printed Name: ROBERTH MCCABE	The standard of the standard o
Capacity: OWNER	IDAHO SECRETARY OF STATE 96/20/2001 09:00 CK: 1 CT: 147851 BH: 483868 1 9 28.88 = 28.88 ASSUM NAME # 2 1 4 2 3
(see instruction # 8 on back of form)	· *