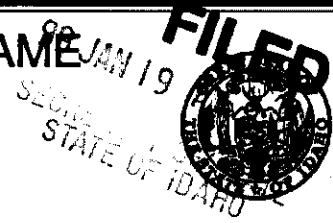


CERTIFICATE OF ASSUMED BUSINESS NAME

(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:

The Wild Hair

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>Marilyn Whitesides</u>	<u>365 Scott Ct. Twin Falls, Id 83301</u>
<u>Kelly Rust</u>	<u>482 Jefferson St. Twin Falls, Id 83301</u>
<u>Julie Bean</u>	<u>2010 2010 Bob Barton, Wendell 83355</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:

The Wild Hair
434 N Blue Lakes Blvd Suite E.
Twin Falls Idaho 83301

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

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

Signature: Kelly Rust
Printed Name: Kelly Rust
Capacity: MANAGING PARTNER

(see instruction # 8 on back of form)

Revision 2/97
g:\comp\form\abn.prm

Secretary of State use only

IDAHO SECRETARY OF STATE

02/09/1999 09:09 AM

CK: 5592 CT: 10978

1 @ 20.00 = 20.00

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