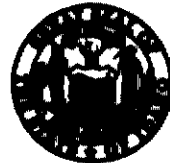


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



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.

93 APR 16 AM 10:28

STATE OF IDAHO

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

PEND OREILLE CUTTERS

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 Terry KOVATCH Complete Address 117 1/2 S. 2nd. AVE. Sandpoint ID 83864  
~~BUS Name O'REILLE~~  
~~PEND CUTTER CUTTERS~~  
~~117 1/2 S. 2nd. AVE. Sandpoint ID~~

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:

Phone number (optional): 208 255 1010

Terry KOVATCH  
117 1/2 S. 2nd Ave  
Sandpoint ID 83864

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

Secretary of State use only  
 IDAHO SECRETARY OF STATE

04/16/1998 09:00  
 CK: 3288 CT: 97401 BH: 101638

1 @ 20.00 = 20.00 ASSUM NAME

Signature: Terry L. Kovatch

Printed Name: Terry L. KOVATCH

Capacity: Owner of Establishment

(see instruction # 8 on back of form)

Leasing Stations to

Independent Contractors  
with Cosmetology Licenses

D14039