## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idaho	Code, the undersigned gives notice of
ado	ption of an Assumed Business Name.	) <b>.</b>
1.	The assumed business name which th	he undersigned use(s) in the transaction of
	business is: lamara's Hair Cu	itting of Styling
•		
2.	The true name(s) and business addre	ess(es) of the entity or individual(s) doing
	business under the assumed business	Address
	<u>Name</u>	
	Tamara Wells	1412 N 4th St
		coeurd. Alere 10 8384
		and under the assumed business name is:
3.	The general type of business transac	cted under the assumed business name is:
	Service	
	See categories on the reverse	.'1
4.	The name and address to which corr	respondence should be addressed:
	3001 Forman Ct	8204
	Coeurd'Abene 10	83874
		( ) Years
	Sign	ined the state of
	Ву	Tanny Wells OW
	Сар	apacity Owner
	Submit Certificate of Assumed	Customer #
	Business Name and \$20.00 fee to:	Secretary of State use only
	Secretary of State	09/21/1998 09:00 / CX: 8836 CT: 184272 BH: 146883
	700 West Jefferson	CK: 8636 CT: 104272 BH: 146083
	PO Box 83720	D 18388
	Boise ID 83720-0080	PE CONTRACTOR OF THE PERSON OF
•		aleba.