



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

2006 DEC -6 AM 9:32

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Elegant Face

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>(C116867)</u>	<u>40 Tomorrow's Image</u> <u>5505 Pioneer, Suite 7</u> <u>Coeur d'Alene, ID 83815</u>

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Robin Lecuyer / The Elegant  
40 Tomorrow's Image - Face  
5505 Pioneer, Suite 7  
Coeur d'Alene, ID 83815

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional): \_\_\_\_\_

Signature: Robin Lecuyer  
(signature required)

Printed Name: Robin Lecuyer

Capacity/Title: Artist/owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\information forms\idbn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/07/2006 05:00  
CX: 5043 CT: 207200 BH: 1017966  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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