

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2003 DEC 22 AM 9:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Attitudes

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>Lisa Douglas</u>	<u>Dan Douglas</u>	<u>415 Addison Ave Suite #3</u>
		<u>415 Addison Ave Suite #3</u>
		<u>Twin Falls Id 83301</u>

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

- | | |
|--|--|
| <input checked="" 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 83720-0060
208 334-2301

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

Attitudes Salon
415 Addison Ave #3
Twin Falls Id 83301

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

Phone number (optional):

208) 4 733-0971
c 308-0340

Secretary of State use only

Signature: Lisa Douglas
(signature required)

Printed Name: Lisa Douglas

Capacity/Title: owner

(see instruction # 3 on back of form)

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Revised 10/04/2003

IDAHO SECRETARY OF STATE
12/22/2003 05:00
CK: NO CK # CT: 175174 BH: 717996
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 71575