

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

07 JUN -8 PM 1:49

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF OTHER

The assumed business name which the uncountries is:	STATE OF STATE STATE OF IDAHO dersigned use(s) in the transaction of
# I NAIL SALON	<u> </u>
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name TIEN VAN - + UYNH	of the entity or individual(s) doing e: Complete Address 10647 OVERLAND *D
	DOTCE ID 83709
3. The general type of business transacted und	
☐ Wholesale Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TIEN VANHUYNH 10647 OVER LAND RO DOISE 1083700	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: TIEW VAN HVYNH Capacity/Title: DIN BJP-R (see instruction # 8 on back of form)	Secretary of State use only Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O6/08/2007 05:00 CK: CASH CT: 158818 BH: 1858763 1 9 25.80 = 25.90 ASSUM NAME # 2 D112210