

CERTIFICATE OF FILED/EFFECTIVE ASSUMED BUSINESS NAME ASSUMED BUSINESS NAME

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

Please type or print legibly. SEUNCARY OF STATE NOTE: See instructions on reverse before filing OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
Unity Day Spa a	und Salon
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Nicolle & Foster Steph Marquardt	f the entity or individual(s) doing Complete Address 1500 S. Orchard. Bois 83705 Same
	er the assumed business name is:
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name 20.00 fee to:
4. The name and address to which future correspondence should be addressed: wicele t. foster	Secretary of States 700 West Jefferson Basement Wast PO Box 83720
1500 S. Orchard. Boise ID 83705	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above). 	Phone number (optional):
	Secretary of State use only
Signature: <u>vicolle kfoster</u> Printed Name: <u>nicolle k. foster</u> Capacity/Title: <u>owner</u>	1002/10 passing property of State 1007/2002 05:00 CK: 199 CT: 15810 BH: 44076
(see instruction #8 on back of form)	1 2 20.90 = 20.00 ASSUM NAME #

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