



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.

08 JUL 14 AM 8:49

Please type or print legibly.

SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before filing.

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

REFLECTIONS, A Full Service Salon

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

REFLECTIONS OF McCALL, LLC

212 NORTH 3rd STREET, SUITE D

W75790

McCALL, IDAHO 83638

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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

DORIS J. EATON

P.O. BOX 607

NEW MEADOWS, IDAHO 83654

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

JOHN CURTIS HUCKS, ATTORNEY

P.O. BOX 737

NEW MEADOWS, ID 83654

Signature: _____

(signature required)

Printed Name: DORIS J. EATON

Capacity/Title: MANAGING MEMBER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/14/2008 05:00
CK: 1217 CT: 176879 BH: 1126868
1 @ 25.00 = 25.00 ASSUM NAME # 2

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