



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

2012 MAR 26 PM 2:41

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Urban Skin

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

Teresa A. Olson

206 E. Indiana Ave. Suite #118

Coeur d' Alene, ID 83814

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 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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Teresa A. Olson

P.O. Box 1403

Rathdrum, ID 83858

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

Urban Skin / Teresa A. Olson

206 E. Indiana Ave. Suite #118

Coeur d' Alene, ID 83814

Secretary of State use only

Signature: _____

Printed Name: Teresa A. Olson

Capacity/Title: Sole Proprietor

Signature: _____

Printed Name: _____

Capacity/Title: _____

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