CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

97 JUL -1 PM 2:25

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

   Changes Hair & Nail Salon

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Address
William Brent Coleman	430 Main Ave S., T.F, ID
Linda Kay Coleman	430 Main Ave S. T.F., ID 83301-6424

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

   Services

   See categories on the reverse

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

   Changes Hair & Nail Salon, 430 Main Ave S., Twin Falls, Idaho 83301-6424

Signed William Brent Coleman

By

Capacity Partner

Submit Certificate of Assumed Business Name and **$20.00** fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
07/02/1997 09:00
CK: 1384 CT: 83685 BH: 17251
1 @ 20.00 = 20.00 ASSUM NAME

0 5973

g:\corp\forms\abn.pm6 Revision 10/96