CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

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

1.	The assumed business name which the undersigned use(s) in the transaction of business is: HOA T. FREY DBA FLOWER'S FAMILY 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:	
	<u>Name</u>	<u>Address</u>
	HOA T FREY	2102 Falls Ave. F
		Twin Falls, Id. 83301
4.	The general type of business transacted under the assumed business name is:	
	BEAUTY SALON	
	See categories on the reverse	
	The name and address to which correspondence should be addressed: HOA T. FREY 2102 Falls Ave. E. Twin Falls, Id. 83301 Signed To T. Twin Falls	
		By Hoa T. Fray Capacity
Submit Certificate of Assumed Business name and \$20.00 fee to:		Customer #
Secr	etary of State	Secretary of State use only
	West Jefferson	
	Box 83720	f f
	e ID 83720-0080	
	.5124 4344	
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CK: 31004416 CT: 152774 BH: 425977 1 9 20.80 = 20.00 ASSUM NAME # 2