CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) (Please type or print legibly) (Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-507 and 53-508, I of the action(s) indicated below:	daho Code, the undersigned gives notice
1. The assumed business name is:	Hoir Solutions
2. The assumed business name was filed with on/_/ 7-0/ as file number/_/	the Secretary of State's Office
the above assumed business name and	
4. The assumed business name is amend	ed to: A New Hair-Solution
5. The true names and business address business under the assumed business	
Add: Delete: Name:	Address:
6. The type of business is amended to re	ad:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
7. The name and address to which future is changed to read:	correspondence should be addressed
Name and address for this acknowledgment of the second secon	copy is:
Steve HONT	
1510 BLOad Way	
Boise Id 83706	Secretary of State use only
	and bur
Signature:	IDAHO SECRETARY OF STATE 11/29/2005 05:00 CK: 3403 CT: 88726 BH: 924185 1 6 10.80 = 10.80 OSCIDE ONE U 4 2
Printed Name: 5+4UEN C HOAT	E CK: 3403 CT: 88726 BH: 924185

Capacity: <u>Sole RHO PHIRTOF</u>

(see instruction # 9 on back of form)