

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned **90 APR -1 AM 10:05**
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:

Hair and Nail Perfect

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

Stephanie Evans 243 Taylor Twin Falls Id 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

882 Shoup
Twin Falls, Id 83301

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

D L EVANS BANK
BLUE LAKES OFFICE
PO BOX 87
TWIN FALLS, ID 83303-0087

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
TWO SECRETARY OF STATE

04/01/1999 09:00
CK: 1412 CT: 113453 BH: 203856

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 24616

Signature: Stephanie K Evans

Printed Name: Stephanie K Evans

Capacity: _____

(see instruction # 3 on back of form)