



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JAN 25 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

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

Salon Aguililla

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Miguel Sanchez 820 Contor Ave, Idaho Falls, Idaho 83406

(Name) (Address)

Gloria Gil Contreras 820 Contor Ave, Idaho Falls, Idaho 83406

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Hayes Management Services

(Name)

890 Oxford Drive

(Address)

Idaho Falls Idaho 83402

(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Miguel Sanchez

Signature: *Miguel Sanchez*

Printed Name: Gloria Gil Contreras

Signature: *Gloria Gil Contreras*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/26/2016 05:00

CK:504 CT:319433 BH:1510383
1@ 25.00 = 25.00 ASSUM NAME #2

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