

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

| 2016 AUG 10 | | |
|-----------------------|-----|-------|
| SECRETARY | AM | 9: // |
| SECRETARY OF STATE OF | FSI | Arn |

| 1. | The assumed business name which the undersigned use(s) in the transaction of busin ess is: | | | | | |
|-------------------------------|---|--|-----------------------------|--|--|--|
| | BLOOM HAIR STUDIO | | | | | |
| | | | | | | |
| 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): | | | | | |
| | AMERY HENDRICKS | 1031 CHERRY HILL DR HAILEY, ID 83333 | | | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | |
| | ☐ Retail Trade☐ Wholesale Trade☒ Services | ConstructionAgricultureManufacturing | | Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate | | |
| 4. | Mailing address for future of | orrespondence: | 5. | Name and address for this acknowledgment copy is (if other than # 4): | | |
| | AMERY HENDRICKS | | | (Name) | | |
| | (Name) PO BOX 3896 | | | (Name) | | |
| | (Address) HAILEY, ID 83333-3896 | | | (Address) | | |
| | | State) (Zipcode) | | (City) (State) (Zipcode) | | |
| Printed Name: AMERY HENDRICKS | | | Secretary of State use only | | | |
| Si | gnature: Aneuj Lene | dieles | | | | |
| Printed Name: | | | | IDAHO SECRETARY OF STATE 08/19/2016 05:00 | | |
| Signature: | | | | CK:36362 CT:328069 BH:1542685 16 25.00 = 25.00 ASSUM NAME #2 | | |
| Printed Name: | | | | | | |

Rev. 08/2015

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