

Printed Name: \( \scale \)
Capacity/Title:

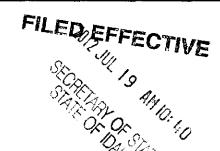
Signature: \_\_\_

Printed Name: \_ Capacity/Title: \_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application.



1. The assumed business name which the undersigned use(s) in the transaction of business is: LY PLANK Esthetician 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY is (if other than # 4 above). Secretary of State use only Signature:

> IDAHO SECRETARY OF STATE 07/19/2012 05:00 CK: 162 CT: 272536 BH: 1332696 1 0 25.00 = 25.00 ASSUM HAME 0 2

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