## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructio PILED/EFFECTIVE)

W. To	To the SECRETARY OF STATE, STA  Pursuant to Section 53-504, Ida  gives notice of adoption of an A	aho Code, the undersigned AM 8: 40
1.	The assumed business name which the u business is:  LVCYS BEAUTY SALON &	ndersigned use(s) in the (farisaction of
2.	The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing
	LUZ M. PAULK	150 NORTH MIN, MTN. Home,
3.	The general type of business transacted under (mark only those that apply)	under the assumed business name is:
	Retail Trade  Manufacturin  Molesale Trade  Services  Construction	Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	Phone number (optional): 28) SSO-2030
	150 NORTH MAIN  MTW. Home 1D. 83647	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgme copy is (if other than #4 above):  150 No MAIN	Secretary of State 700 West Jefferson Ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	83647 m D = ab	Secretary of State use only  IDAHO SECRETARY OF STATE  CK: 295
Signatu Printed	1/1/1/2 1. Dall V	1 8 20.80 = 20.00 1 8 20.80 = 20.00
Capaci	ity: Own	SS ASSUM HAME # 2

(see instruction # 8 on back of form)

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