CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

TE: See instructions on The Please type of Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Carrie	a Face Esthetics
Savin	g Face Esthetics
2. The true name(s) and business address business under the assumed business in Name Teresa K Leggett	
3. The general type of business transacted	
☐ Retail Trade ☐ Transporta☐ Wholesale Trade ☐ Constructi☐ ☐ Services ☐ Agriculture☐ ☐ Mining☐ ☐ Finance, Insurance, and Real Estate. 4. The name and address to which future correspondence should be addressed: Teresa K Leggett 2740 Starcrest Drive Boise, ID 83712	Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above):	pment Phone number (optional):
	Secretary of State use only
nature: ////////////////////////////////////	Revised 04/2003

IDAHO SECRETARY OF STATE

10/31/2005 05:00

CK: 3042 CT: 158010 BH: 919722
1 0 25.00 = 25.00 ASSUM NAME # 2