

CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE

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

2007 APR 30 AM 10: 25

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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	STATE OF IDAHO
The assumed business name which the und business is:	dersigned use(s) in the transaction of
A Touch of Class Hair &	Nail Salon
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Mary K. Walker	of the entity or individual(s) doing Complete Address 12051 W. Lewisburg Ct. Boise, Idaho 83709
3. The general type of business transacted und	der the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Mary K. Walker Printed Name: Mary K. Walker Capacity/Title: Owner (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE Several Secretary of State 10000