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CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the u submits for filing a certificate of Assumed Busin	ndersigned Inc. 27 O au BH to t
Please type or print legibly. SECRETARY OF STATE NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO STATE	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Permanent Make up Institute + Full Salon	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u> <u>Dolly</u> Lord	f the entity or individual(s) doing <u>Complete Address</u> <u>560 N. Crestmont</u> <u>Meridian, ID 83642</u>
 3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Dolly Lo6 d 28/5 E. Indian Coeek Meridian, ID 83647 5. Name and address for this acknowledgment copy is (if other than #4 above): 	nd Public Utilities 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
Signature: Dolly lord. Printed Name: Dolly Lord Capacity: Owner (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 04/36/2001 09:00 CX: CASH CT: 145659 BH: 393939 1 0 20.00 = 28.00 ASSUM NAME # 2 DUCID Desived DUCID DESIMAL DESIGN DUCID DESIGN DUCID DESIMAL DESI