

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SNIPZ

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Address</u>
TAMARA MAKIN	697 FILMORE, TWIN FALLS ID 83301
MARK MAKIN	697 FILMORE, TWIN FALLS ID 83301

3. The general type of business transacted under the assumed business name is:

(9.0) SERVICES (HAIR AND NAIL SALON)

See categories on the reverse

4. The name and address to which correspondence should be addressed:

TAMARA MAKIN 697 FILMORE, TWIN FALLS ID 83301

Signed

By

TAMARA MAKIN

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

02/22/2000 09:00  
CK: 5057 CT: 19527 BH: 292239

1 @ 20.00 = 20.00 ASSUM NAME # 2

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