

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

01 AUG 30 AM 10:23
SECRETARY OF STATE
STATE OF IDAHO

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

The Salon

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

Name

Complete Address

Debra Chapple

137 S. 4th W. Rexburg, Id. 83440

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |
- Submit
 Assume
 Name a

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

Debra Chapple

137 S. 4th W.

Rexburg, Id. 83440

5. Name and address for this acknowledgment
COPY IS (if other than #4 above):

Phone number (optional):

208-356-3040

**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**

Secretary of State use only

Signature:

Printed Name:

Capacity: *Owner*

(see instruction # 8 on back of form)

1 (comp) for mission formulation, p.65
Rev and 01/2001

IDAHO SECRETARY OF STATE
08/30/2001 05:00
CK: 1000 CT: 150703 BH: 416484
1 @ 20.00 = 20.00 ASSUM NAME 1 2

D48012