



# 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.

2004 JUL -9 PM 2: 23

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

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

Skincredible Distributing

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

Michele Coburn

2440 E Challis St Meridian ID 83642

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



Retail Trade



Transportation and Public Utilities



Wholesale Trade



Construction



Services



Agriculture



Manufacturing



Mining



Finance, Insurance, and Real Estate

**INDEPENDENT DISTRIBUTOR**

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

Skincredible Distributing

Michele Coburn

2440 E Challis Street, Meridian, ID 83642

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (If other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Michele Coburn

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn form\abn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
07/09/2004 05:00  
CK: 1001 CT: 150010 DN: 754677  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 78088