

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2017 JAN 24 AN 9: 02

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY UN STA STATE OF IDAHO

	OWALL WE HAVE
The assumed business name which the undersigned business is: Shave an a Haircut	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Reba S. Rosen	entity or individual(s) doing <u>Complete Address</u> Boise 28 W. Main St, Ste C 83702
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Reba Rosen 1114 W. Fort St, #1 Boise, 10 83702	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): Same as above.	Phone number (optional): 208/841-647-3
	Secretary of State use only
Signature: Reba S. Rosen Canacity/Title: ON person	IDAHO SECRETARY OF STATE 01/24/2007 05:00 CK: 1884 CT: 288873 BH: 1828282 1 8 25.08 = 25.08 ASSUM NAME # 2