

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

<u>Please type or print legibly.</u>
structions are included on back of application.

2014 MAY -8 AM 8: 56

SECRETARY OF STATE
STATE OF DIAGO

business is:	
Papa's Hair Cuts for Men	
The true name(s) and <u>business</u> are business under the assumed business.	ddress(es) of the entity or individual(s) doing iness name:
<u>Name</u>	Complete Address
John Kelly	868 W. Hayden Avenue
Janice Kelly	Hayden, ID 83835
The general type of business tran	sacted under the assumed business name is:
	sportation and Public Utilities
	struction
Services Agri	iculture
Manufacturing Mini	ing Submit Certificate of Assumed Business
Finance, Insurance, and Re	
4. The name and address to which f	future
correspondence should be address	Secretary or State
John Kelly	PO Box 83720
3435 N. Ping Road	Boise ID 83720-0080
Post Falls, ID 83854	208 334-2301
5. Name and address for this acknow	wledgment
COPY IS (if other than # 4 above).	_
	Secretary of State use only
gnature: Kelly	
inted Name: John Kelly	1DAKO SECRETARY OF STATE 05/08/2014 05:00
apacity/Title: Owner	CK:6928 CT:257347 BH:14238
gnature: Yan G	10 25.00 = 25.00 ASSUM NAME
inted Name /Janice Kelly	
apacity/Title: Owner	

1)171046