

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

7	filed effective
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Explease type or print legibly. Instructions are included on back of approximately.	S NAME he undersigned Business Name.
The assumed business name which the ur business is: Nails by Catrina	ndersigned use(s) in the transaction of
The true name(s) and <u>business</u> address(es business under the assumed business nar <u>Name</u> Catrina L. Hermener	
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Catrina Hermenet 681 S. Majestic View Dr. Post Falls, ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Signature: Catrina Hermenet Capacity/Title: Owner/ Sole Proprietor	Secretary of State use only
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 11/21/2012 05:00 CK: 2421 CT: 276458 BH: 1348413 1 0 25.00 = 25.00 ASSUM NAME # 2

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