



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Elite Skin + Body Care

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

Name

Complete Address

Sandra Strout

310 19th Ave W., Gooding, Id 83330

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

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

Phone number (optional): 208 734 7546

1132 Locust Street

Twin Falls, Id 83301

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

Same as above

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

IDAHO SECRETARY OF STATE

01/04/2001 09:00  
CK: NO CK # CT: 148397 BH: 370733

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41627

Signature: Sandra Strout

Printed Name: Sandra Strout

Capacity: owner

(see instruction # 8 on back of form)