



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

**FILED EFFECTIVE**

2005 SEP - 1 AM 8:41

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

**Please type or print legibly.**

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

**SECRETARY OF STATE  
STATE OF IDAHO**

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

"Shear Expressions" a hair studio

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

Name

Lindzie St. Martin

Complete Address

609 Military Dr.

Courtd Alene Id. 83814

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Lindzie St. Martin  
702 Empire Ave.  
Courtd Alene Id. 83814

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

Phone number (optional):

(208) 640-7847

Secretary of State use only

Signature:

Lindzie St. Martin  
(Signature required)

Printed Name: Lindzie St. Martin

Capacity/Title: OWNER

(see Instruction # 8 on back of form)

Form 100-1065  
Revised 04/2003

IDAHIO SECRETARY OF STATE  
09/01/2005 05:00  
CK: 2059 CT: 150010 BH: 909412  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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