

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 APR -2 AM 8: 37

Please type or print legibly. NOTE: See instructions on reverse before filing.

No Bad Hair	Days Pet Groo	ming	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:			
Name		Complete Address 1015 S Park St Payette, ID 83661	
Jayleen Tamura	10		
The general type of business transacted	under the as	sumed business name is:	
	on and Publi		
Services Agriculture	ſ	Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	
Finance, Insurance, and Real Estat	te I	Name and \$25.00 fee to:	
The name and address to which future	ł	Idaho Secretary of State	
correspondence should be addressed:		450 N 4th Street PO Box 83720	
Jayleen Tamura		Boise ID 83720-0080	
1015 S Park St	-	(208) 334-2301	
Payette, ID 83661	-		
Name and address for this acknowledgr	- ment		•
COPY is (if other than # 4 above):		·	
			•.
**************************************		Secretary of State use only	, , , , , , , , , , , , , , , , , , ,
And the second s	- 85		
wanday Osa To as at a	r pyformstabn formstabn.p85 Revised 04/2003	•	
(signature required)	forms\abe form	·	