



CERTIFICATE OF ASSUMED BUSINESS NAME

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

12/10/23 10:19:29
SECRETARY OF STATE
STATE OF IDAHO

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

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

Krazy Nails, Hair & Body Shop

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

<u>Name</u>	<u>Complete Address</u>
<u>Aaron L. Kick</u>	<u>2700 E. Seltice Way Suite 12A</u>
<u>Stephanie J. Kick</u>	<u>Post Falls, ID 83854</u>

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:

Krazy Nails, Hair & Body Shop
2700 E. Seltice Way Suite 12A
Post Falls, ID 83854

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: *Aaron L. Kick*

Printed Name: Aaron L. Kick

Capacity/Title: OWNER / OPERATOR

Signature: *Stephanie J. Kick*

Printed Name: Stephanie J. Kick

Capacity/Title: OWNER / OPERATOR

Secretary of State use only

IDAHO SECRETARY OF STATE
05/23/2012 05:00
CK: 3067 CT: 270698 BH: 1325334
1 @ 25.00 = 25.00 ASSUM NAME # 2

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