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Signature: \_\_\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee; \$25.00.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: LW Skincare 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Advanced Skin Therapy, LLC (Name) (Address) (Name) (Address) (Address) (Name) 3. The general type of business transacted under the assumed business name is: Retail Trade Construction Transportation and Public Utilities Agriculture Wholesale Trade Minina Manufacturing Finance, Insurance, and Real Estate Services 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment CODY IS (if other than #4%. Name) (Address) (City) (State) Printed Name: Secretary of State use only Signature: ( IDAHO SECRETARY OF STATE 09/10/2018 05:00 Printed Name: CK:518 CT:363142 BH:1662990 1@ 25.00 = 25.00 ASSUM NAME #2 Signature: Printed Name:

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