Printed Name: (

(see instruction # 8 on back of form)

Capacity:

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 00 AUG - 1 AM 9: 38 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 NameIATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: andle Salon 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address armen 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X 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 Phone number (optional): ____ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 SARRIOTSECRETSRATONISSERIE 00:60 PRR2/10/8P CK: 192 CT: 134221 BH: 337882 Signature: Larmen

1 # 20.00 = 20.00 ASSUN NAME # 2