



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

06 DEC 21 PM 2:35

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Visual Effects Salon & Spa

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

Name

Visual Effects Salon & Spa, LLC.

Complete Address

4485 North Dresden Pl, Boise, ID 83714

W25509

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:

Rachelle Lynn Alumbaugh

4485 North Dresden Place

Boise, ID 83714

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

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

Kevin E. Dinius, Esq.

5700 East Franklin Road, Suite 200

Nampa, ID 83687-7801

Phone number (optional):

Secretary of State use only

Signature:

(signature required)

Printed Name: Rachelle Lynn Alumbaugh

Capacity/Title: Member

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
12/21/2006 05:00
CK: 45078 CT: 7289 BH: 1021200
1 @ 25.00 = 25.00 ASSUM NAME # 1

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