



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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 Name.

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

Nancy's Skin Care and Treats

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

Name Nancy L Meadows-Nelson Complete Address 662 W Commercial Park
Boothrum, ID 83858
Suite 2C

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☒ 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 correspondence should be addressed:

Nancy's Skin Care and Treats
28489 N. Targhee
Arhol, ID 83801

Phone number (optional): (208) 6590790 Cell

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

Nancy L Meadows-Nelson

Submit Certificate of
Assumed Business
Name and ~~\$20.00~~ fee to:
\$25.00
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Nancy L Meadows-Nelson

Printed Name: Nancy L Meadows Nelson

Capacity: _____

(see instruction # 8 on back of form)

Revision 12.99

9/00/pforms/abn p65

IDAHO SECRETARY OF STATE
05/15/2003 05:00
CK: 1050 CT: 150010 BH: 608784
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 65451