

227

FILED-EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

2013 JAN -9 PM 3: 16

SECRETARY OF STATE
STATE OF IDAHO

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

Magie Nails & Spa

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>TIAN PHAM</u>	<u>1806 TURQUOISE WAY MIRA LOVA #11752</u>
<u>Magie Nails & Spa</u>	<u>799 Cheney Dr #30 D Twin Falls ID 83301</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:

799 Cheney Dr #30 D
Twin Falls ID 83301

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

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

TIAN PHAM
1804 Blue Lakes Blvd N
Twin Falls, ID 83301

Secretary of State use only

Signature: TIANPrinted Name: TIAN PHAMCapacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
01/09/2013 05:00
CK: 125027A CT: 172099 BH: 1355098
1 @ 25.00 = 25.00 ASSUM NAME # 2

D160245