

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.

2013 JAN -9 PM 3: 16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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:

Name

Complete Address

TUAN PHAM

1896 TURQUOISE WAY MIRA LOMA Ca 91752

~~Magie Nails & Spa~~

799 Cheney Dr #30 ID Twin Falls ID 83301

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 | |

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

4. The name and address to which future correspondence should be addressed:

799 Cheney Dr #30D
Twin Falls ID 83301

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

TUAN PHAM
1896 Blue Lakes Blvd N
Twin Falls, ID 83301

Signature: [Signature]

Printed Name: TUAN PHAM

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/09/2013 05:00
CK: 1250278 CT: 172099 BH: 1355098
1 @ 25.00 = 25.00 ASSUM NAME # 2

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