



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.

NOTE: See instructions on reverse before filing.

**FILED EFFECTIVE
09 MAY -5 AM 8:09**

**SECRETARY OF STATE
STATE OF IDAHO**

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

Divine Skin Consultants

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

Name

Marla Higgins

Complete Address

PO Box 1028, Mountain Home, ID 83647

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

Divine Skin Consultants

PO Box 1028

Mountain Home ID 83647

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

**Idaho Secretary of State
450 N 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):

Marla Higgins

2249 SW Hamilton Rd

Mountain Home ID 83647

Secretary of State use only

Signature:

Marla Higgins

(signature required)

Printed Name: *Marla Higgins*

Capacity/Title: *Owner*

(see instruction # 8 on back of form)

100forms Idaho.p65
Revised 04/2003

**IDAHO SECRETARY OF STATE
05/05/2009 05:00
CX: 3828 CT: 236816 BH: 1169863
1 @ 25.00 = 25.00 ASSUM NAME # 2**

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