

227



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

2014 AUG 13 PM 1:05

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:

SHINE Medical Aesthetics

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

BMH, Inc.

98 Poplar St., Blackfoot, ID 83221

C167600

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

BMH, Inc. Attn: D. Jeffery Daniels

98 Poplar St.

Blackfoot, ID 83221

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

Signature: D. Jeffery Daniels

Printed Name: D. Jeffery Daniels

Capacity/Title: CFO

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/13/2014 05:00

CK:2136586 CT:172099 BH:1437224
1@ 25.00 = 25.00 ASSUM NAME #2

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