

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JUL 13 PM 4: 17

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

24.4 002 10 111 7

SECHETARY OF STATE STATE OF IDAHO

		STATE	OF IDAHO
1. The assumed business name which the undersign	ned use(s) in the trans	saction of b	ousiness is:
Salon Apothe cary			
2. The individual and/or entity names and business address(es) of those doing business under			
the assumed business name (do not include the name you listed in #1):			
Lindsey bolton (Salon Apothecay)			
1197 W Moun St Studio 19	Boise	(State)	83702
Cherie Williamson (Salon Apo	the cary)		
1197 W Main St Studio 19	Boise		83702
Kelly Mollere Salon Apothecary			
1197 W Main St Studiole	Boise	(State)	83702
In Brown 197 W Main st Studiole Boise 10 8370 2. 3. The general type of business transacted under the assumed business name is:			
Retail Trade Construction Transportation and Public Utilities			
☐ Wholesale Trade ☐ Agriculture	Mining	adon and r	ubiic Offices
Services Manufacturing	Finance, I	nsurance,	and Real Estate
4. Mailing address for future correspondence: 5. Name and address for this acknowledgment			
Copy is (if other than #4):			
(Name) Salon Apothicary (Name)			
1197 W Main st 1197 W Main St			
(Address) Roy Sl ID 82707.	(Address)	/	N 83702
(City) (State) (Zipcode)	(City)	(s	tate) (Zipcode)
Printed Name: LINDSEY BOLTON	Secre	tary of State us	e only
Signature: Mudsey Pool Aor		O SECRETAR	•
al dividi	0.3	/13/2015	5 05:00
Printed Name: Cheric Will amson	Į.		'2 BH:1483757 ASSUM NAME #2
Signature:			·
Printed Name: Lely Moleve	D18	5026	5
Signature: Plant Miller			
Jenniter Brown Jemferkbrown			