



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
2002 DEC 27 AM 8:23

STATE OF IDAHO

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

Presley Summer Salon

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

Jon Houser

503 East Railroad Ave.
Post Falls, Id. 83854

Tamara Decker

700 East 8th Avenue
Post Falls, Id. 83854

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 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:

Presley Summer Salon
700 East 8th Avenue
Post Falls, Idaho
83854

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

same as above

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Jon's cell (208) 661-7386
Salon # (208)
773-5713

Secretary of State use only

Signature: Jon Houser

(signature required)

Printed Name: Jon Houser

Capacity/Title: manager

(see instruction # 8 on back of form)

g:\corp\forms\labn forms\labn.p65
Revised 07/2002

IDAHO SECRETARY OF STATE
12/27/2002 05:00
CK: 38431 CT: 158810 BH: 653574
1 @ 20.00 = 20.00 ASSUM NAME # 2

0 60985