



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.
Instructions are included on back of application.

FILED EFFECTIVE

11 JAN 13 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

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

HAIR STUDIO

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

JACK LYNN 160 E. GRIFFITH POCAHELLO ID 83201
MARYANN LYNN 160 E. GRIFFITH POCAHELLO ID 83201

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 | |

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

HAIR STUDIO
160 E. GRIFFITH
POCAHELLO ID 83201

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

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

Secretary of State use only

Signature: Jack D Lynn
Printed Name: JACK D LYNN
Capacity/Title: OWNER
Signature: Maryann Lynn
Printed Name: MARYANN LYNN
Capacity/Title: Co-Owner

IDAHO SECRETARY OF STATE
01/13/2011 05:00
CK: 9448 CT: 150818 BH: 1255224
1 @ 25.00 = 25.00 ASSUM NAME # 2

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