



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

2011 SEP -6 AM 11:08

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:

BE Unique Barber Salon

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

<u>Name</u>	<u>Complete Address</u>
<u>Becky L. Erickson</u>	<u>5397 N. Rothmans Ave. Boise, ID 83713</u>
<u>James C. Erickson</u>	<u>5397 N. Rothmans Ave. Boise, ID 83713</u>

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 | |

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:

BE Unique Barber Salon
5397 N. Rothmans Ave.
Boise, ID 83713

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

Signature: Becky L. Erickson

Printed Name: Becky L. Erickson

Capacity/Title: Owner

Signature: James C. Erickson

Printed Name: James C. Erickson

Capacity/Title: Owner

Secretary of State use only

D149952

IDAHO SECRETARY OF STATE
09/07/2011 05:00
CK: 2439 CT: 150010 RM: 1289351
1 @ 25.00 = 25.00 ASSUM NAME # 2