



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 NOV 17 AM 9:14

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:

Bella Mia Salon

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

Name  
Lisa Kelly  
\_\_\_\_\_  
\_\_\_\_\_

Complete Address  
89161 N. Commerce Dr. Suite A  
Hayden Id 83835

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

Retail Trade       Transportation and Public Utilities  
 Wholesale Trade       Construction  
 Services       Agriculture  
 Manufacturing       Mining  
 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:

Bella mia Salon c/o Lisa Kelly  
89161 N. commerce Dr. Suite A  
Hayden Id 83835

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: Lisa Kelly

Printed Name: Lisa Kelly

Capacity/Title: Owner

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE

11/17/2014 05:00

CK: 6179 CT: 297500 BH: 1449651  
1€ 25.00 = 25.00 ASSUM NAME #2

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