

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 JUN -6 AM 11:38

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

Country Classic Nails

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

Name

Krista M. Jacobs

Complete Address

1132 Locust Street, Twin Falls, Id 83301

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:

Country Classic Nails

1132 Locust Street

Twin Falls, Id 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Phone number (optional):

208-420-2079

Signature:

Krista M Jacobs
(signature required)

Printed Name:

Krista M. Jacobs

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

D112115

IDAHO SECRETARY OF STATE
06/06/2007 05:00
CK: 1178167 CT: 172899 BH: 1058287
1 @ 25.00 = 25.00 ASSUM NAME # 2

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