## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse To the SECRETARY OF STATE, STATE OF IDAHA 2 12 PM Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Namerate 1. The assumed business name which the undersigned state) in the thansaction of business is: )ABANKA BEAUTY (ONSULTING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: **Complete Address** Name DWIN (JERRY) L) ABANKA 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Services Construction Mining 4. The name and address to which future Phone number (optional): (208) 938 - 2194 correspondence should be addressed: Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only

Printed Name:

Capacity: /REJIOE

(see instruction # 8 on back of form)

1) 26874