



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

12 APR 23 AM 9:04

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:

Shear Bliss Hair + Tanning

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>Lothar Erchner</u>	<u>521 Main Street Salmon Idaho 83467</u>
_____	_____
_____	_____

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

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" 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:

Lothar Erchner
521 Main St. Salmon, ID
83467

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

N/A

Signature: [Handwritten Signature]

Printed Name: Lothar Erchner

Capacity/Title: Owner

Signature: _____

Printed Name: Lothar Erchner

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/24/2012 05:00
CK: 2788 CT: 158810 BH: 1321132
1 @ 25.00 = 25.00 ASSUM NAME # 2

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