

Capacity/Title:

Printed Name: ______

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.

2015 JUN 17 AM 8: 52

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	The assumed business name which the und pusiness is:	dersigned use(s) in the transaction of
	The true name(s) and <u>business</u> address(es) pusiness under the assumed business name Name Pentual Salim + Spall C (M1757373)	· · · · · · · · · · · · · · · · · · ·
3. 1	The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
	The name and address to which future correspondence should be addressed: Kelsey Howard Po Box 566 Now Meaderes 10 8365	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than # 4 above):	it
	I Name: Kelley Howard ity/Title: Owner/Cosmethogist	Secretary of State use only IDAHO SECRETARY OF STATE 06/17/2015 05:00 CK:103 CT:309783 BH:1480279 16 25.00 = 25.00 ASSUM NAME #:

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