CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO TO THE STAT	
1. The assumed business name which the undersigned dise(s) in the transaction of business is:	
Degree of Excellence, School of Grooming	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	mplete Address Ave. Boise Id 83705
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
4. The name and address to which future Phone number (optional): 208-344-212	
Degree of Excellence, Javice Brown 514 Vista Aue	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Boise , Id 83705	Secretary of State 700 West Jefferson
Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
Signature: The Brown	IDAHO SECRETARY OF STATE DATE 04/15/1997 0900 83015 2
	CK #: 1315 CUST# 79880 ASSUM NAME 18 20.00= 20.00
Capacity: Owner (see instruction # 8 on back of form)	
(see instruction # 8 on back of form)	#: D