CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

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

Name	Complete Address
Stacy Siver	Po Box 76 Bonners Ferry

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- [X] Retail Trade
- [ ] Wholesale Trade
- [X] Services
- [ ] Manufacturing
- [ ] Agriculture
- [ ] Construction
- [ ] Transportation and Public Utilities
- [ ] Finance, Insurance, and Real Estate
- [ ] Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional):

Stacy Siver
Po Box 76
Bonners Ferry, Id 83805

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

Same

Signature: Stacy L Siver

Printed Name: Stacy L Siver

Capacity:

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and $20.00 fee to:
Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Revision 2/97

IDAHO SECRETARY OF STATE
08/12/2002 05:00
CK: 17553 CT: 158010 BH: 482062
1 @ 20.00 = 20.00 ASSUM NAME # 2

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