



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 APR -6 AM 9:21  
SECRETARY OF STATE  
STATE OF IDAHO

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

Clawy Cut's w/ Mel & Nails

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Melissa Nowland 14 Castle Ln Garden Valley, Id  
(Name) (Address) 83622

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade ☐ Construction ☐ Transportation and Public Utilities  
☐ Wholesale Trade ☐ Agriculture ☐ Mining  
☒ Services ☐ Manufacturing ☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Melissa Nowland  
(Name)  
7 Deer Point Rd  
(Address)  
Garden Valley Id 83622  
(City) (State) (Zipcode)

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

Melissa Nowland  
(Name)  
14 Castle Ln  
(Address)  
Garden Valley Id 83622  
(City) (State) (Zipcode)

Printed Name: Melissa Nowland

Signature: Melissa Nowland

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/06/2016 05:00

CK:3338540 CT:322846 BH:1522353  
1@ 25.00 = 25.00 ASSUM NAME #2

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