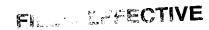


Capacity/Title: NWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF **ASSUMED BUSINESS NAME**



Pursuant to Section 53-504, Idaho Code, the undersigned 37 MAY 21 PM 12: 45 submits for filing a certificate of Assumed Business Name

| additing to ming a certificate of Assumed  | Dusiness N                  | aille.                                   |
|--|-----------------------------|--|
| Please type or print legibly. NOTE: See instructions on reverse before   | ore filing.                 | SECRETARY OF STATE STATE OF IDAHO        |
| The assumed business name which the undersigned use(s) in the transaction of business is:  |                             |  |
| NUMBER DNE NAILS   |                             | ·  |
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:     Name     Complete Address |                             |  |
| HANH NGUYEN AND  | 430                         |  |
| HANH NGUYEN AND 430 BLUE LAKES BLVD. TUNG NGUYEN SUITE B   |                             |  |
| 1000 1000101   | TWIN                        | FALLS ID 83301                           |
|  | 1 4 7 1 1 3                 | ,  |
| <ol><li>The general type of business transacted under the assumed business name is:</li></ol>  |                             |  |
| Retail Trade Transportation and Public Utilities Wholesale Trade Construction  |                             |  |
|  |                             | Submit Certificate of Assumed Business   |
| Finance, Insurance, and Real Estate  |                             | Name and <b>\$25.00</b> fee to:          |
| 4. The name and address to which future  |                             | Secretary of State<br>700 West Jefferson |
| correspondence should be addressed:  |                             | Basement West                            |
| NUMBER ONE NAILS   | ,                           | PO Box 83720                             |
| 430 BLUE LAKES BLVD  | ,*B                         | Boise ID 83720-0080<br>208 334-2301      |
| TWIN FALLS, ID 83301   |                             |  |
| <ol><li>Name and address for this acknowledgment</li></ol>   | ent                         | Phone number (optional):                 |
| COPY IS (if other than # 4 above):   |                             | 801-721-4285                             |
| HANH AND TUNG  |                             | 571-723-5258                             |
| 266 MORNINGSIDE DR   |                             | Secretary of State use only              |
| APT - WIN FACES, 10  | 990'                        | <b>Ω</b>                                 |
| Signature: AND hand (signature required)   | ised 04/2003                | 1)111573                                 |
| Printed Name: TUND AND HANH  | ns\abn form<br>ised.04/2003 | IDAHO SECRETARY OF STATE                 |

IDAHO SECRETARY OF STATE

15/21/2007 05:00

CK: 8654052380 CT: 158010 BH: 1055106

1 0 25.00 = 25.00 ASSUM NAME # 2