



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2012 AUG 29 AM 9:48

SECRETARY OF STATE
STATE OF IDAHO

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

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

BERTA'S BOUTIQUE & SALON

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

Name

Complete Address

W90890
At Your Service Nails & Beauty Supplies, LLC

528 Main Street
Sandpoint, ID 83864

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

At Your Service Nails & Beauty Supplies, LLC
Roberta Wellmaker, Owner
528 Main St., Sandpoint, ID 83864

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

Signature: Roberta P. Wellmaker

Printed Name: Roberta P. Wellmaker

Capacity/Title: Owner/Member LLC

Signature: Gary Paul Wells

Printed Name: Gary/Paul Wells

Capacity/Title: Owner/Member LLC

Secretary of State use only

IDAHO SECRETARY OF STATE
08/30/2012 05:00
CK: 1116121 CT: 172099 BH: 1338035
1 @ 25.00 = 25.00 ASSUM NAME # 2

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