

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE
11 AUG 17 AM 8: 52

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

SECRET RY OF STATE STATE OF IDAHO

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

The assumed business name which the undopulation business is:  Facial Expres	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Belinda Levit+	
3. The general type of business transacted un    Retail Trade	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
Signature: Se funds Sept Sept Sept Sept Sept Sept Sept Sept	IDAHO SECRETARY OF STATE  108/17/2011 05:00  1482 CT: 158010 BH: 1286813  1 9 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	00 =

n.pmd Rev. 07/2010

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