

Capacity/Title: (TINNE)

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

02/25/2004 05:00 CK: 2655 CT: 158010 BH: 729220 8 25.00 = 25.00 ASSUM NAME # 2

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 25 41 9: 03

Please type or print legibly.
NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Studio K+5 Salon & Spa 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 talie J Jones Pocatello Ida 8320 Pocatello Ida 83201 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 145 S 313 Pocalello 200 83201 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than #4 above): 208-221-7462 Secretary of State use only Signature: Printed Name: Natalie