

State of Maine  
CITY OF PORTLAND

CERTIFICATE OF SOLE PROPRIETOR ADOPTING A NAME OTHER THAN OWN  
(Title 31 M. R. S. A. Section 2)

The undersigned hereby certifies that (s)he intends to engage in the  
Salon business, as sole proprietor thereof, and to  
(type of business)

adopt the name, style or designation of Salon 658  
(name of business)

in the conduct of said business.

Kate Nicholson  
Printed Name of Proprietor

K Nicholson  
Signature of Proprietor (signature must be witnessed by  
a Notary Public or attorney)

6 Hobson Ave #9  
Home Address Old Orchard Beach  
Zip Code 04064

658 Congress St  
Business Location Address (cannot be a PO Box)  
Portland, Me  
(MUST be in Portland) Zip Code 04101

207 899-8581  
Home (or Cell) Phone Number

207 747 5188  
Business Phone Number

Salon658maine@yahoo.com  
Email

www.Salon658.com  
Business Website

BELOW INFORMATION MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY

STATE OF MAINE

Cumberland County, SS.

11-12 A.D. 2014

Then Kate Nicholson, personally appeared and made oath  
to the foregoing certificate that the same is true.

Before me,

Katherine L. Jones  
Attorney or  
Notary Public (Commission Expires 12-28-2010)

Note: This certificate shall be deposited in the City of Portland Office of the Clerk in which the business is to be carried on. The City Clerk's Office is entitled to a fee of TEN dollars (\$10.00) for recording this certificate.