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## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2017 HAY 22 AM 11: 56

SECRETARY OF STATE STATE OF IDAHO

	The assumed business name which the undersigned use(s) in the transaction of business is:  green river tattoo			
	Gleen uses ration			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  zackery richards  7488 cassia st RMWS LM Id 87805			
	(Name)	(Address)	, J	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	<ul><li>☒ Retail Trade</li><li>☒ Wholesale Trade</li><li>☒ Services</li></ul>	Construction Agriculture Manufacturing	<ul> <li>Transportation and Public Utilities</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	
4.	Mailing address for future	correspondence:	<ol> <li>Name and address for this acknowledgment copy is (if other than #4):</li> </ol>	
	zackery richards (Name)		(Name)	
	po. box 1728			
	(Address)		(Address)	
	bonners ferry, id, 83805	(State) (Zipcode)	(City) (State) (Zipcode)	
Pı	rinted Name: Zack Rad	inds	Secretary of State use only	
Si	gnature:			
Printed Name:			IDANO SECRETARY OF STATE	
Signature:			05/22/2017 05:00 CK:13446634 CT:172099 BH:1585286	
P	rinted Name:		10 25.00 = 25.00 ASSUM NAME #2	
S	ignature:		Nousau	
		Rev. 08/2015	D194594	