

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

07 OCT 10 PM 1: 22

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

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is: Last Resort Tattoo	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Savah Tresett 2632 Chory Lame Flo3 Rose, ID 83705	entity or individual(s) doing Complete Address
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining	blic Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Sarah Tresuett 2632 Charry Lane #1-183 Boise, 10 93705	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Signature required South Treatment and signatu	Secretary of State use only
Capacity/Title:	IDAHO SECRETARY OF STATE 10/10/2007 05:00

10/10/2007 05:00 CK: CASH CT: 158610 BH: 1079836 1 6 25.00 = 25.00 ASSUM NAME # 2

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