

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



 The assumed business name which the undersigned use(s) in the transaction of business is: Whiplash Tattoo 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 Kenneth A. Walls 2930 West Fieldstream Drive, Meridian, ID 83646 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade ✓ Services Agriculture Submit Certificate of Assumed Business Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** Whiplash Tattoo c/o Kenneth A Walls PO Box 83720 Boise ID 83720-0080 2930 W Fieldstream Drive 208 334-2301 Meridian, ID 83646 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 208-602-1816

Secretary of State use only

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IDAHO SECRETARY OF STATE

@2/16/2007 @5:00

CK: 1718 CT: 209800 BH: 1033994
1 0 25.00 = 25.00 ASSUM NAME # 2

Signature: Kerneth Q Walls

(signature required)

Printed Name: Kenneth A Walls

(see instruction # 8 on back of form)

Capacity/Title: