



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Jun 16 10 55 AM '98

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

GARDEN CITY TATTOO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

C10479

| Name | Complete Address |
|------------------------|--------------------------|
| <u>SOVEREIGNTY INC</u> | <u>3405 CHINDEN BLVD</u> |
| <u>TERESA MADDOUX</u> | <u>4827 MARVIN ST</u> |
| <u>LEONARD MADDOUX</u> | <u>3405 CHINDEN BLVD</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 344-0804

SOVEREIGNTY INC
3405 CHINDEN BLVD
BOISE ID 83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: _____

Printed Name: TERESA MADDOUX

Capacity: CEO

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDHO SECRETARY OF STATE

06/16/1998 11:00
CX: 3305 CT: 85474 IN: 120090

1 @ 20.00 = 20.00 ASSUM NAME

DIS920

Revision 1/08

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