



**CANCELLATION OR AMENDMENT *FILED EFFECTIVE*
OF CERTIFICATE OF
ASSUMED BUSINESS NAME**

2015 FEB 23 PM 3:34

**SECRETARY OF STATE
STATE OF IDAHO**

(Please type or print legibly. Instructions are included on the back of the application.)

1. The assumed business name is: MONA LISA TATTOO
2. The assumed business name was filed with the Secretary of State's Office on 9-12-2012 as file number D158051
3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. The assumed business name is amended to: _____
5. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

| <u>Add:</u> | <u>Delete:</u> | <u>Name:</u> | <u>Address:</u> |
|-------------------------------------|-------------------------------------|-------------------------|--------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Mandy Cartwright</u> | <u>101 N. 11th Nampa Id 83687</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Mandy Fell</u> | <u>1814 S. Vista Ave Boise 83705</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

6. The type of business is amended to read:

| | | |
|--|--|--|
| <input 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"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance, Insurance, and Real Estate |

7. The name and address to which future correspondence should be addressed is changed to read:

Mona Lisa Tattoo - Mandy Fell 1814 S. Vista Ave
Boise Id 83705

8. Name and address for this acknowledgment copy is:

Mona Lisa Tattoo
1814 S. Vista Ave
Boise Id 83705

Signature: Mandy Fell

Printed Name: MANDY L FELL

Capacity: _____

Signature: _____

Printed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2015 05:00

CK:2601430 CT:172099 BH:1463010
 1@ 10.00 = 10.00 ASSUM AMEN #2

D158051