## CERTIFICATE OF ASSUMED BUSINESS NAME

To	the SECRETARY OF STATE, STATE OF	IDAHO FILEDI
2	Pursuant to Section 53-504, Idaho Cooloption of an Assumed Business Name.	le, the undersigned gives notice of $\frac{90}{8}$ SEP -8. AN in
1.	The assumed business name which the ur	ndersigned use(s) in the transaction of UF STAT
	KellER INK	Tattooing
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		ne is/are:
	Kelly R. Croquen	172 N Main mhome Ida 83647
The general type of business transacted under the assumed business name		nder the assumed business name is:
	See categories on the reverse	
H. The name and address to which correspondence should be addressed:    Kellen Ink Tattooing		C/o Kelly K CroghAn
	172 N main mt.	
Signed Kelly R. Croghan		
	Capacity_	OWNER
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	IBARU SECKETARY DE STATE NIV  29/68/2600 09:00  5 CK: 6123400313 CT: 135757 BH: 347174  1 0 20.00 = 20.00 ASSUM NAME # 2

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