



# 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.**

01 DEC 21 AM 8:41  
FILED  
SECRETARY OF STATE  
STATE OF IDAHO

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

T-STD

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

Name

TOP SHELF TATTO DESIGN, INC.

Complete Address

8919 W. ARDENE ST. BOISE, ID 83709

LC176443

3. The general type of business transacted under the assumed business name is:

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

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

TOP SHELF TATTO DESIGN, INC.

8919 W. ARDENE ST. BOISE, ID 83709

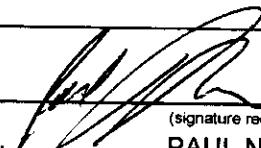
Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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):

Secretary of State use only

Signature: 

(signature required)

Printed Name: PAUL NERO

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

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