

FILED/EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SEP 11 9 22 AM '00

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

NEW MOON TATTOO

SECRETARY OF STATE

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

| <u>Name</u> | <u>Complete Address</u> |
|-------------------------|--|
| <u>DAVID G. JAMISON</u> | <u>202 WALLACE ST</u> <u>BOISE ID 83705</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): _____

DAVID G. JAMISON
202 WALLACE ST
BOISE ID 83705

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

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

Signature: David Jamison
Printed Name: DAVID G. JAMISON
Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

Secretary of State use only

IDAHO SECRETARY OF STATE
09/13/2000 09:00
CK: CASH CT: 135936 DN: 348848
1 @ 20.00 = 20.00 ASSUM NAME # 2

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