FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2009 DEC 10 PM 2: 04 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

ZOTIC BODY ART			
The true name(s) and business business under the assumed business.		entity or individual(s) doing	<u> </u>
Name		Complete Address	
HEIDI M THOMPSON	3155	CHANNING WAY STE B, IF, ID 834	04
			
		· · · · · · · · · · · · · · · · · · ·	
3. The general type of business tra	insacted under the	assumed business name is:	
☑ Retail Trade ☐ Tra	insportation and Pu	blic Utilities	* . * .
	onstruction		
☐ Services ☐ A	griculture	Submit Certificate of	
☐ Manufacturing ☐ M	ning	Assumed Business	
Finance, Insurance, and F	•	Name and \$25.00 fee to:	
•	•	Idaho Secretary of State	
4. The name and address to which		450 N 4th Street	
correspondence should be addr	essed:	PO Box 83720	
3155 CHANNING WAY STE B, IF, I	D 83404	Boise ID 83720-0080	
		(208) 334-2301	
		(255) 554-255	
5. Name and address for this ack	nowledgment		
COPY is (if other than #4 above):		•	•
3155 CHANNING WAY STE B, IF, I	D 83404		
		Secretary of State use only	
		and the second s	
Min mill	- Sport up a		
gnature: MAIN // (MM)		•	
inted Name: HEIDI M THOMPS	Percyfloemalabe form		
	Red Red	PRAILE APPRATE	AP AF4=-
<u> </u>	Linces, at	IDAHO SECRETARY 12/10/2009	91AIE 95=9
(see instruction # 8 on back of form)		CK: 357217 CT: 172099	DH: 119