

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

OI SEP -6 AM 8: 37 SECRETARY UF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is:  Skin City TATTOOIN9	
	ity or individual(s) doing  Complete Address  805 FAIRVIEW AVE  55E TO 83706
3. The general type of business transacted under the assumed business name is:    X   Retail Trade   Transportation and Public Utilities   Wholesale Trade   Construction	
Services	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State
4. The name and address to which future correspondence should be addressed:  1264 N. (A+LY  MERIDIAN IO 83642  (HONE OFFICE)	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):  SAME AS ABOVE.	Phone number (optional): 0, 378-7593 H. 846-8470
Signature:	IDANO SECRETARY OF STATE  29/86/2861 95:00  CK: 8093 CT: 150965 BH: 417769  1 8 28.88 = 28.86 ASSUM NAME # 2
Capacity: OWNED (see instruction # 8 on back of form)	048132