

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

10 JUN -4 AM 8:11

SECRETARY OF STATE
STATE OF IDAHO

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

208⁵ Finest Tattoo Shop

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

Name

Complete Address

ALAN FIFE JR

245 MAIN AVE W

TWIN FALLS, ID

83301

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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

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

511 Clinton Dr
Twin Falls, Id
83301

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

Signature:

Alan Fife
(signature required)

Printed Name:

ALAN FIFE

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpl\msh\form\slabn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
06/04/2010 05:00
CK: 1686 CT: 248686 SH: 1225864
1 @ 25.00 = 25.00 ASSUM NAME

D 139798