



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG -4 AM 8:37

**Please type or print legibly.**  
**Instructions are included on back of application.**

SECRETARY OF STATE  
STATE OF IDAHO

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

A Man's Best Friend Dog Obedience Training And Behavior Solutions

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

✓ Doreen Schnall 118 E Borah Ave #3  
Coeur d' Alene, Idaho 83814

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:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

A Man's Best Friend  
118 E Borah Ave #3  
Coeur d' Alene, Idaho 83814

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Doreen L Schnall

Printed Name: Doreen L Schnall

Capacity/Title: Certified Dog Obedience Instructor

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/04/2010 05:00  
CK: 102 CT: 150010 BH: 1233375  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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