



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2017 JUN 26 AM 9:00**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

McCall Veterinary Hospital

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(C 26 321) Clinic  
Twin Falls Veterinary C&H 2148 4th Avenue East, Twin Falls, ID 83301

|                        |  |
|------------------------|--|
| (Name)                 | (Address)                                      |
| <u>Zsigmond Szanto</u> | <u>2105 Summit Place, Twin Falls, ID 83301</u> |
| (Name)                 | (Address)                                      |
| <u>Edit Szanto</u>     | <u>2105 Summit Place, Twin Falls, ID 83301</u> |
| (Name)                 | (Address)                                      |
| (Name)                 | (Address)                                      |

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

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Zsigmond Szanto

(Name)  
2148 4th Avenue East  
(Address)  
Twin Falls ID 83301  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Zsigmond Szanto

Signature: [Signature]

Printed Name: Edit Szanto

Signature: [Signature]

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

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

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
06/26/2017 05:00  
CK:17677 CT:223088 BH:1590730  
10 25.00 = 25.00 ASSUM NAME #7

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