



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.

FILED EFFECTIVE

2006 MAY 25 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

Trail Creek Pet Center

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
<u>Pamela J. Boyer</u>	<u>180 S. 150E.</u>
<u>DRiggs</u>	<u>ID</u>
	<u>83422</u>

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

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

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

180 S. 150E.
DRiggs ID 83422

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
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):

Registered in county in 1993

Phone number (optional):

208-354-2571

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Pamela Boyer

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
05/25/2006 05:00
OK: 1002 DT: 150010 RH: 056563
1 0 25.00 = 25.00 ASSUM NAME # 2