227	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed E Please type or print legibly. NOTE: See Instructions on reverse befor 1. The assumed business name which the un business is: Purr Furred Per CARE SER	S NAME he undersigned Business Name. 2006 OCT 23 PM 12: 34 pre filing. SECRETARY OF STATE STATE OF IDAHO of dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>KAREN L BARCLAY</u>	s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>413 Church St, Apt C Sandpoint IO</u> <u>73764</u>
 3. The general type of business transacted un Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>KAREN L. BARCLAY</u> <u>413 Guach St. Apt. C.</u> <u>Sand point</u>, <u>TD</u> 83864 5. Name and address for this acknowledgment copy is (if other than #4 above):	and Public Utilities 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
Signature: Kan J. Bang (signature required) Printed Name: KAREN L. BARCLay Capacity/Title: OWNER (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 10/24/2006 05=00 CK: 1598 CT: 158010 BH: 984469 1 0 25.00 ASSUM MANE # 2 DIUUU874