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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS A Pursuant to Section 53-504, Idaho Code, the u submits for filling a certificate of Assumed Busi	NAME 2013 DEC -6 PM 4:41
Please type or print legibly. STATE OF IDAHO Instructions are included on back of application.	
 The assumed business name which the under business is: Patterns For Paws 	rsigned use(s) in the transaction of
 The true name(s) and <u>business</u> address(es) o business under the assumed business name: 	•••••
Name	Complete Address
Elizabeth Mitcheli 13	11 N. Government Way Cosur d'Alene, ID 83814
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Elizabeth Mitcheli 1311 N Government Way Coeur d'Alene, ID 83814 	or the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (# other then # 4 above);	,
Signature: Mundud	Secrelary of State use only
Capacity/Title: Owner	
Signature:	
Printed Name:	IDAHO SECRETARY OF STATE
Capacity/Title:	12/09/2013 05:00 CK: 1633624 CT: 172099 BH: 1400844
2012 abright Rev. 07/2010	1 @ 25.00 = 25.00 ASSUM NAME 0 (
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