



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2018 MAR 19 AM 10:29

SECRETARY OF STATE

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

Orofino Animal Clinic

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):

Pamela Comini 807 Michigan Avenue Orofino, ID 83544

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input checked="" 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:

Orofino Animal Clinic

(Name)

PO BOX 2565

(Address)

Orofino ID, 83544

(City)

(State)

(Zipcode)

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

(Name)

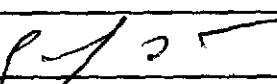
(Address)

(City)

(State)

(Zipcode)

Printed Name: Pamela L. Comini

Signature: 

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/19/2018 05:00

CK:1002 CT:352694 BH:1632946
1@ 25.00 = 25.00 ASSUM NAME #2

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