



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR 19 AM 10:29

SECRETARY OF STATE
STATE OF IDAHO

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:

☒ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ 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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