CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2006 MAY -2 AM 8: 16

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

	STATE OF IDAPO
 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
- The Dog Wa	lker
The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address
Stary J Brooks	964 Del Mar Dr Twin Falls ID 83301
The general type of business transacted unc Retail Trade Transportation	der the assumed business name is:
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Pusings in my in mu	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
964 DRI MOR DR TWIN-FAILS . TO 83301 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 208 - 69 7 086
	Secretary of State use only
Signature: House (eignature required)	1DAHO SECRETARY OF STATE 05/02/2006 05:00
Printed Name: Stary Brooks	TDAHO SECRETARY OF STOTE
Capacity/Title:(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/02/2006 05:00 44000709430 CT: 158010 BH: 95249 1 0 25.00 = 25.00 ASSUM NAME # 2