



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 OCT 19 AM 9:05

Please type or print legibly.Instructions are included on back of application.SECRETARY OF STATE  
STATE OF IDAHO

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

Animal Oasis

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Karin Drexler

Complete Address

1222 E. 17th St.

Idaho Falls, ID 83404

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

2184 Channing Way PMB 452

Idaho Falls, ID 83406

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

1222 E. 17th St.

Idaho Falls, ID 83404

Secretary of State use only

Signature: Karin Drexler

D150838

Printed Name: Karin Drexler

Capacity/Title: Owner

Signature: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
10/19/2011 05:00  
CK: 1135 CT: 263434 BH: 1294858  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_