



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

FILED

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

The Doggone Grooming Salon

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

Name Muriel McElroy Complete Address 346 W. Bridge Blackfoot ID 83221

3. The general type business transacted under the assumed business name is.
(mark only those that apply)

☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Estate
☒ Services ☐ Construction ☐ Mining

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

Phone number (optional) (208) 650-1101

346 W. Bridge Blackfoot
ID 83221

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Muriel McElroy

Printed Name: Muriel McElroy

Capacity: _____

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

01/03/2000 09:00
CK: 25653 CT: 86994 BN: 277829

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 31825