



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

08 FEB 21 AM 8:51  
SECRETARY OF STATE  
STATE OF IDAHO

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

South Wind Veterinary Services

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

Name

Complete Address

Equine Veterinary  
Services, P.A.C.  
C 101601

3644 N. 3300 E.  
Kuna  
Idaho 83341

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:

Dr. Patricia Pence  
1214 Southside Blvd  
Nampa ID 83686

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

Idaho Secretary of State  
450 N 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):

\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Patricia Pence  
(signature required)

Printed Name: PATRICIA PENCE

Capacity/Title: Owner

(see instruction # 8 on back of form)

53Information Formulation 1085  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/21/2008 05:00  
CK: 1426 CT: 222794 BH: 1100579  
1 E 25.00 = 25.00 ASSUM NAME # 2

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