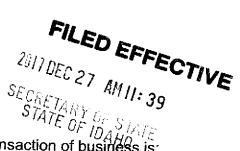
Signature:\_



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.



The assumed business	s name which the undersion	STATE OF IDAS IATE ed use(s) in the transaction of business is:	
North Boise Veterinar	y Clinic	od books) in the transaction of business is:	
2. The individual and/or e		ddress(es) of those doing business under you listed in #1):	
(Name)	(Address)		
(Name)			
Boise Vet Spot INC	(Address)  944 Argyll Drive Rois	944 Argyll Drive Boise, Idaho 83702	
(Name) (C 199608)	(Address)	e, idano 03/02	
(Name)	(Address)		
3. The general type of bus Retail Trade Wholesale Trade Services	iness transacted under the a  Construction Agriculture Manufacturing	assumed business name is:  Transportation and Public Utilities  Mining Finance, Insurance, and Real Estate	
Mailing address for future     Joshua Frost DVM	e correspondence: 5	5. Name and address for this acknowledgment copy is (if other than # 4):	
(Name) 944 Argyll Drive		(Name)	
(Address) Boise Idaho 83702		(Address)	
(City)	(State) (Zipcode)	(C.ly) (State; (Zipcode)	
Printed Name: Joshua Frost	DVM	Secretary of State use only	
Signature: And some		desictary of State use only	
Printed Name: Lisa Frost		IDAHO SECRETARY OF STATE 12/27/2017 05:00	
Signature:		CK:15975758 $CT:172099$ $BH:1618225$ $10 25:00 = 25:00$ ASSUM NAME #2	
Printed Name:		TO THE PARTY HE	

Rev. 08/2015

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