



# 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**

2015 MAR 10 PM 1:44

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

New Behavior Dog Training - Treasure Valley  
Dog Whisperer

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

Marsha (marsha) Tracy

4477 N. Foothill Dr

Boise, ID

83703

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:

same as above #2

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

same as above #2

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/10/2015 05:00

CK:2648762 CT:172099 BH:1465486  
1@ 25.00 = 25.00 ASSUM NAME #2

Signature: Marsha Tracy

Printed Name: Marsha Tracy

Capacity/Title: Lead Trainer

Signature: Marsha Tracy

Printed Name: Marsha Tracy

Capacity/Title:

D 177425