



CERTIFICATE OF ASSUMED BUSINESS NAME

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

JAN 29 4 28 PM '01

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.

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

Animal Emergency and Referral Center of Idaho, P.C.

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	Complete Address
<u>Animal Emergency Clinic, P.C.</u>	<u>5238 Chinden Boulevard</u>
<u>C. Moran</u>	<u>Boise, ID 83704</u>

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

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 376-4510

Mike Moran

Animal Emergency Clinic, P.C.
5238 Chinden Boulevard
Boise, ID 83704

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Signature: [Signature]

Printed Name: Mike Moran

Capacity: Hospital Director

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

01/31/2001 09:00
CK: 300056 CT: 7012 BH: 375098

1 @ 20.00 = 20.00 ASSUM NAME # 3

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