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. 1. The assumed business name which the undersigned use(s) in the transaction of business is:	
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	
Tamara Connery	425 Sunrise Blvd. N., Twin Falls, ID 83301
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade	
Pet Pals / Home Watch 425 Sunrise Blvd. N. Twin Falls ID 83301-4941 5. Name and address for this acknowledgme 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
Signature: Janasa Connery	Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 64/13/1998 69:66 CK: 180 CT: 97209 BH: 100263 1 0 28.80 = 28.80 ASSUM NAME
Printed Name: Tamara Connery Capacity: Owner	88 F

(see instruction # 8 on back of form)

D13967