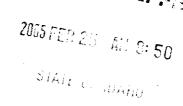


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)

| ldal | lee Veterinary Services |
|--|--|
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: | |
| Name | Complete Address |
| Martin R. Lee | 5529 U.S. Highway 93, Jerome, Idaho 83338 |
| Susan V. Lee | 5529 U.S. Highway 93, Jerome, Idaho 83338 |
| | acted under the assumed business name is: |
| recuir rado | ruction |
| Services Agricu | |
| Manufacturing Mining | Subilit Certificate of |
| Finance, Insurance, and Real | Name and \$25.00 fee to |
| 4. The name and address to which fut | |
| correspondence should be address | 700 10/2 1/2 1/2 1/2 1/2 |
| correspondence should be address. | Basement West |
| Idalee Veterinary Services | PO Box 83720 |
| Martin R. Lee | Boise ID 83720-0080 |
| 5529 U.S. Highway 93, Jerome, Idaho | 83339 208 334-2301 |
| 5. Name and address for this acknow | viedament Phone number (optional): |
| COPY IS (if other than # 4 above). | 208-324-3238 |
| | |
| | Secretary of State use only |
| | 10 |
| -7/1-A 1 K | Piffermslaten formscaban p65 Revised 04/2003 |
| gnature: //arlu K Le | 2 & Opening to the state of the |
| nted Name: Martin R. Lee | Revised 04/2003 |
| med Name. | Revis |
| anacity/Title: Owner | TRAUG CEPDETADY OF CTAT |

10AHU SECKETARY OF STATE 02/25/2005 05:00 CK: 2485 CT: 158010 BH: 795111 1 0 25.00 = 25.00 ASSUM NAME # 2

