



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 JUL -2 AM 8:43

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:

Pet Spa

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

Brenda LaLonde
Lauren Derrick

5815 N. Oasis Dr. Garden City 83714
1017 N. West 15th Ave. Meridian 83642

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 checked="" 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:

5815 N. Oasis Dr. Garden City
83714

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

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

07/02/2014 05:00

CK:2034 CT:282484 BH:1431589
1@ 25.00 = 25.00 ASSUM NAME #2

Signature: B. LaLonde

Printed Name: Brenda LaLonde

Capacity/Title: Owner

Signature: Lauren L. Derrick

Printed Name: Lauren L. Derrick

Capacity/Title: Owner

0172323