## FILED EFFECTIVE



Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## 2017 MAR 27 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Pawsible Choices  The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):  Crossroads Animal Nutrition 4964 Canal Lane, Fruitland, ID 83619			
2.				
	(Name) Kristina Gordon	(Address) 4964 Canal Lane, Fruitland, ID 83619 (Address)		
	(Name)			
	(Name)	(Address)		
	(Name)	(Address)	-	
3.	The general type of business transacted under the assumed business name is:			
	<ul><li>Retail Trade</li><li>Wholesale Trade</li><li>Services</li></ul>	<ul><li>☐ Construction</li><li>☒ Agriculture</li><li>☐ Manufacturing</li></ul>		<ul><li>Transportation and Public Utilities</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>
4.	Kristina Gordon (Name) 4964 Canal Lane		5.	Name and address for this acknowledgment copy is (if other than # 4):
				(Name)
				(Name)
	(Address) Fruitland	D 83619		(Address)
		ate) (Zipcode)		(City) (State) (Zipcode)
Printed Name: Kristina Gordon Signature: Kristini Sudan				Secretary of State use only
Sig	gnature: Kristin Sards	7		
Printed Name:				IDAHO SECRETARY OF STATE
	Signature:			03/27/2017 05:00 CK:90 CT:336848 BH:1575760
	Printed Name:			16 25.00 = 25.00 ASSUM NAME #3

Rev. 08/2015