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FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

10 JUL 26 PM 12:43

SECRETARY OF STATE
STATE OF IDAHO

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

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:

   HOLIDAY KENNELS

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
STEVEN CHARLES WITZ	27 BLACK PINE DRIVE
	GRANGEVILLE, ID 83530

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☒ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

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

4. The name and address to which future correspondence should be addressed:

   HOLIDAY KENNELS
   27 BLACK PINE DRIVE
   GRANGEVILLE, ID. 83530

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

Signature: [signature]
Printed Name: STEVEN C. WITZ
Capacity/Title: OWNER
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/26/2010 05:00
CK: 1066 CT: 249912 BH: 1232201
1 @ 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev.07/2010

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