

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

## **FILED EFFECTIVE**

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.

	Wag'n Tails
2. The true name(s) and business address business under the assumed business name  Name  Susan Griffith	(es) of the entity or individual(s) doing name:  Complete Address  4986 / Maids here Uby Boise, 10 83113
3. The general type of business transacted  Retail Trade Transportat  Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Susan Griffith  4986 N. Maid Stone U. Boise, ID 83113	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledge copy is (if other than #4 above):</li></ol>	ment Phone number (optional): 376 - 86 / 0 - 7/3 - 9,
	Secretary of State use only
gnature: Milature required)  nted Name: (7) 45 1/1	Seed O4/2003

IDAHO SECRETARY OF STATE

93/31/2006 95:00

CK: 1925 CT: 158810 BH: 946761

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