

## FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME -8 PH 3: 18

Pursuant to Section 53-504, Idaho Code, the undersigned Y Ur STALF

submits for filing a certificate of Assumed Bus	sinessMAME. OF IDAHO	
Please type or print legibly.		
NOTE: See instructions on reverse before	e filing.	
siness is: Boad Neighbor House Che	erk .	
Rofessionallouse Silling, Pet Sill	ing & Related Services	
e true name(s) and business address(es)	of the entity or individual(s) doing	
	·	
A		70/-
CATHERINE KOEMER	75 West 400 South Schome	148373
a nanoral hino of husiness francactori und	for the secument husiness name is:	
e deliciai Aba oi agaileas nanascea min	ici yie assumed pusmiess name is.	
Retail Trade Transportation a	and Public Utilities	
Wholesale Trade Construction		
Services	Submit Certificate of	
Manufacturing Mining	Assumed Business	l #
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
	Secretary of State	
	700 West Jefferson	
<u> </u>	Basement West	
. , , , , , , , , , , , , , , , , , , ,	PO BOX 83720	
	208 334-2301	
TEROME, Idaho 83338		
ame and address for this acknowledgmen	nt Phone number (optional):	
OPY IS (If other than # 4 above):		I
	327 0320	
	Secretary of State was not	
Cathering Bremer	Pomodom pol	
lame: Catherine Rosmer	TRAIN APARETANA	AT ATA
Title: Owned.	4	. A5.AA
(see instruction # 6 on back of form)	1 0 25.00 = 25.00	79 BH: 974236 ASSUM NAME # 2
	Please type or print legibly.  NOTE: See instructions on reverse before  assumed business name which the undersiness is:  200	Retail Trade Transportation and Public Utilities  Wholesale Trade Construction  Manufacturing Mining  Finance, insurance, and Real Estate  In ame and address to which future  Transported Manufacturing The South  Services Construction  Services Agriculture  Manufacturing Mining  Finance, insurance, and Real Estate  In ame and address for this acknowledgment  Thile: Owner.  Title: Owner.  Passumed business name which the undersigned use(s) in the transaction of innersigned use(s) of the entity or individual(s) doing siness under the assumed business name.  Complete Address  Complete Address  Value of Address  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State  700 West Jefferson  Basement West  PO Box 83720  Boils 10 83720-0080  208 334-2301  Phone number (optional):  208-324-0220  Secretary of State use only  INAID SECRETARY  109/962 C11 1788  Title: Owner.  Title: Owner.  City 967182 C11 1788

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