

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FEB -9 AM 10:00
SECRETARY OF STATE
STATE OF IDAHO



1. The assumed business name which the undersigned use(s) in the transaction of business is:

The Scoop Doctor

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Tracey Campbell

Complete Address

850 Lucille Avenue

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

Tracey Campbell

850 Lucille Avenue

Pocatello, ID 83201

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

same

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

IDAHO SECRETARY OF STATE

Secretary of State use only
02/09/2001 09:00
CK: 2292 CT: 142043 IN: 377933

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 42547

Signature

Tracey Campbell

Printed Name:

Tracey Campbell

Capacity:

Owner / President

(see instruction # 8 on back of form)