

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

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.

98 APR 30 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

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

Knight Veterinary Clinic, a partnership

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

Name

Complete Address

Lloyd L. Knight

P.O. Box 819, Glens Ferry, ID 83623

Ted Hoffman

Rt 1 Box 815, Mtn. Home, ID 83647

Garth Waddoups

2440 W. 54th South, Mtn. Home, ID 83647

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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Retail Trade

Wholesale Trade

Services

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Manufacturing

Agriculture

Construction

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Transportation and Public Utilities

Finance, Insurance, & Real Estate

Mining

4. The name and address to which future correspondence should be addressed:
P.O. Box 603

Mtn. Home, ID 83647

Phone number (optional): 208-587-7941

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

5. Name and address for this acknowledgement copy is (if other than #4 above):
FIRST SECURITY BANK N.A.
COMMERCIAL LOAN DOCUMENTATION CENTER
PO BOX 8203
BOISE ID 83707

Signature:

Lloyd L. Knight

Printed Name:

Lloyd L. Knight

Capacity:

Partner

(see instruction #8 on other sheet)

IDAHO SECRETARY OF STATE

04/30/1998 09:00
CK: 796299853 CT: 66269 BH: 106020

1 @ 20.00 = 20.00 ASSUM NAME

#14471