



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

JUL 6 12 07 PM '98

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

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

Clips Along Mobile Pet Salon

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

Toni Davidson 1624 Ruby Ct Nampa Id 83656

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

☐ Retail Trade

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Finance, Insurance, and Real Estate

☒ Services

☐ Construction

☐ Mining

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

Phone number (optional): 580-9888

Same as Above

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

Same as Above

Signature: Toni Davidson

Printed Name: Toni Davidson

Capacity: Owner

(see instruction # 8 on back of form)

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

Secretary of State use only
IDAH SECRETARY OF STATE

07/06/1998 09:00
CX: CASH CT: 101020 DN: 125251

1 @ 20.00 = 20.00 ASSUM NAME

016465

Revision 1/98

Information 6/95