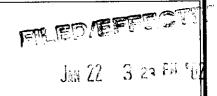


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



SHOW ST.

The assumed business name which the undersigned use(s) in the transaction of business is: FULL CIRCLE CANINE SERVICES	
3. The general type of business transacted unde	er the assumed business name is:
Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: JAMES R. MALEC 416 EAST PARK STREET WEISER, ID 83672	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 acknowledgment copy is (if other than # 4 above):	t Phone number (optional): 208-549-1172
	Secretary of State use only
gnature: JAMES R. MALEC apacity/Title: OWNER (see instruction # 8 on back of form)	1002/10 page 1002/10 page 1004/10 page 1004

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