



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2015 FEB 13 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Friends of Animals BCI

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

Name

Complete Address

Berna M. Mangum

183 South 800 West Blackfoot, Idaho 83221

Lucien E. Fredrick

590 Clifford Street Blackfoot, Idaho 83221

Wendy Dixon

323 West 200 NBorth Blackfoot, Idaho 83221

3. The general type of business transacted under the assumed business name is:

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

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

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

Friends of Animals BCI

P.O. Box 624

Blackfoot, Idaho 83221

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Berna M. Mangum

Printed Name: Berna M. Mangum

Capacity/Title: Chair

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE

02/13/2015 05:00

CK:87013 CT:63426 BH:1461815

10 25.00 = 25.00 ASSUM NAME #2

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