



CERTIFICATE OF ASSUMED BUSINESS NAME

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

MAR 26 10 02 AM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

The Canine Education Center

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

Deborah Lynn RALPH

10550 Bramblewood Dr Boise ID 83709

Pamela GREEN

5315 Phoebe Dr Boise ID 83709

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

- | | |
|--|--|
| <input checked="" 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:

10550 Bramblewood Dr
Boise ID 83709

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):

Phone number (optional):

208-484-2744

Signature: _____

[Signature]

Printed Name: Deborah L. RALPH

Capacity: Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

03/26/2001 09:00
CK: none CT: 144122 BH: 386909

1 @ 20.00 = 20.00 ASSUM NAME # 2

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