



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

## FILED EFFECTIVE

2018 JAN 10 AM 8:59

SECRETARY OF STATE  
STATE OF IDAHO

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

Snake River Doodle's Therapy Animals

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Nicole JoAnne Jorgenson 3960 Nora Ave. Pocatello, ID 83204  
(Name) (Address)

Wallace Frank Jorgenson 3960 Nora Ave Pocatello, ID 83204  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

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

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

4. Mailing address for future correspondence:

Nikki Jorgenson  
(Name)

3960 Nora Ave.  
(Address)

Pocatello ID 83204  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Nicole JoAnne Jorgenson

Signature: Nicole JoAnne Jorgenson

Printed Name: Wallace Frank Jorgenson

Signature: Wallace Frank Jorgenson

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/11/2018 05:00

CK:24746960081 CT:158010 BH:1620593

1@ 25.00 = 25.00 ASSUM NAME #2

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