CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 AUG 11 PM 4: 48

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the business is:	
Pet	t Health Clinic
The true name(s) and <u>business</u> address business under the assumed business r <u>Name</u> Tyson Shirley DVM Professional Corporation	
(C191558)	1007 Lake Lowell Are Nampa, 10 834
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction	ition and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: Tyson R. Shirley 	Secretary of State 450 North 4th Street PO Box 83720
1914 West Bird Avenue 1007 Lake Lo Nampa, ID 83686	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above).	ment
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inted Name: Tyson R. Shirley	-
apacity/Title: President	-
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rinted Name:apacity/Title:	IDAHO SECRETARY OF STATE

abn.pmd Rev. 07/2010

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