

S

Capacity/Title: Own

(see instruction #8 on back of form)

CERTIFICATE OF CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE OF ASSUMED BUSINESS NAME. OUT OF ASSUMED BUSINESS NAME. OUT OF ASSUMED BUSINESS NAME.

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

D55520

STATE OF IDAHO Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the under business is: Happy Teails Pet	
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name Evin Krug	J
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Srin Krug	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
1347 W. Amity Rd. Boise, ID83709 5. Name and address for this acknowledgment	208 334-2301
copy is (if other than # 4 above): Same	562-1072
gnature: Kita	Secretary of State use only
rinted Name: <u>Erin Krug</u> apacity/Title: <u>Ownu</u>	IDAHO SECRETARY OF STATE 96/96/2002 05 = 00 CK: 1031 CT: 158610 BH: 478922 1 8 20.00 = 20.00 ASSUM NAME # 2