



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2015 OCT 15 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

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

Foxy Paw Spa

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):

Foxy Box, Inc.

PO Box 261 Ririe, Idaho 83443

(Name)

(Address)

203752

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Retail Trade

Construction

Transportation and Public Utilities

Wholesale Trade

Agriculture

Mining

Services

Manufacturing

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Fox Box, Inc.

(Name)

Foxy Paw Spa

(Address)

PO Box 261 Ririe, Idaho 83443

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Jamie Hoven (President)

Signature: Jamie Hoven

Printed Name: Jennifer Hoven (Vice President)

Signature: Jennifer Hoven

Printed Name: _____

Signature: _____

Secretary of State use only

IDaho SECRETARY OF STATE

10/15/2015 05:00

CK:22911307650 CT:304941 BH:1496498

1@ 25.00 = 25.00 ASSUM NAME #2

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