



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

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)

(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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