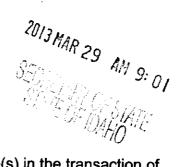


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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



2. The true name(s) and <u>business</u> ac	ddress(es) of the entity or individual(s) doing
business under the assumed busi <u>Name</u>	
JACK WALKER, DVM	Complete Address 1105 E. 9th ST., WEISER, ID 83672
-	
The general type of business trans	sacted under the assumed business name is:
Retail Trade Trans Wholesale Trade Cons	sportation and Public Utilities struction
☐ Manufacturing ☐ Minimum ☐ Finance, Insurance, and Re	Assumed Business
<ol> <li>The name and address to which for correspondence should be address JACK WALKER, DVM</li> </ol>	sed: 450 North 4th Street PO Box 83720
1105 E. 9th STREET	Boise ID 83720-0080 208 334-2301
WEISER, ID 83672	250 054 2501
5. Name and address for this acknow copy is (if other than #4 above):	vledgment
Signature. fach (Vallse	Secretary of State use only
Printed Name: JACK WALKER, DVM	
Capacity/Title: OWNER	
Signature:	IDAHO SECRETARY OF STATE 03/29/2013 05:00
Printed Name:	
Capacity/Title:	A L LUIDO - LUIDO MUDUI MAIL W L

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