



CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 JAN 28 AM 9: 58

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

ICKES VETERINARY SERVICES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

LIONEL C. ICKES, D.V.M.

Complete Address

1306 LONE STAR RD.

NANPA, ID 83651

208-466-7924

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

LIONEL C. ICKES, D.V.M.

1306 LONE STAR ROAD

NANPA, ID 83651

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SAME

Phone number (optional):

208-466-7924

Signature: Lionel C. Ickes

Printed Name: LIONEL C. ICKES, D.V.M.

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/28/2002 05:00
CK: 1001 CT: 156384 BH: 442579
1 @ 20.00 = 20.00 ASSUM NAME # 2

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