Printed Name: Lang

OWNER

(see instruction # 8 on back of form)

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 97 NOV -7 AM 8: 4: To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned AR gives notice of adoption of an Assumed Business Nama Al Ed 1. The assumed business name which the undersigned use(s) in the transaction of business is: NORTHWEST DOG TRAINING ACADEMY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address LARRY R. DOTO 607 RIVERSIDE HARRON DR. WEST POST FALLS IDANO 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future correspondence should be addressed: Submit Certificate of LARRY R. DOTO Assumed Business Name and \$20.00 fee to: 607 RIVERSIDE HAMSON DR. W. Secretary of State POST FALLS ID. 83854 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (If other than # 4 above); Boise ID 83720-0080 208 334-2301 11/07/1997 09:00 CK: 3448 CT: 89515 RH: 53667 29.08 = 20.08 ASSUM HAME Signature: A. Co

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