

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTA

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Dog H	ouse Saloo	n
The true name(s) and business address(e business under the assumed business na	es) of the me:	entity or individual(s) doing
Name		Complete Address
Stan B. Corneli		PO Box 153, Troy, Idaho 83871
3. The general type of business transacted upon the second	n and Pu	
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Stan B. Cornell PO Box 153, Troy, Idaho 83871		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	ent	Phone number (optional): 208-835-2440
		Secretary of State use only
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(signature required)	stabn fe	
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