Capacity: Owner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAI Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed But	ne undersigned, i or STATE
1. The assumed business name which the unders business is: CRITTER CARE	Critter Care
	the entity or individual(s) doing fare: <u>Complete Address</u> 1-B North 3700 East Hansen ime
3. The general type of business transacted under the (mark only those that apply) Retail Trade Manufacturing Multiple Services Construction 4. The name and address to which future	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
correspondence should be addressed: Marti Kincaid 3849-8 North 3700 Fast Hansen IV 83334 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
Signature: Mart Kineral	Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 67/02/1997 69:00 CK: 8232 CT: 83686 BH: 17257
Printed Name: Marti Kincaid	1 8 28.60 = 20.60 ASSUM MANE

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