Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

RECLIVED

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2012 MAY 31 AM 9: 04

Please type or print legibly.

instructions are included on back of applic	SECRETARY OF STATE  STATE OF IDAHO
<ol> <li>The assumed business name which the unde business is:</li> </ol>	
Back Yard Hero's ca	wn Care
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Dushin Bown  3	
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
<ul> <li>4. The name and address to which future correspondence should be addressed:  DUSTIN BOWN  31 W 400 N  PUPERT ID 83350</li> <li>5. Name and address for this acknowledgment copy is (if other than # 4 above):  DUSTING  BANK: Attn Connormalist Sonicida</li> <li>318 S Oneida</li> </ul>	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Rupert ID 83350	Secretary of State use only
Signature:	
Printed Name: <u>Dustin</u> 100000	
Capacity/Title:Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/31/2012 05:00 CK: 98418438 CT: 158818 BH: 1326386 1 8 25.88 = 25.88 ASSUM NAME # 2

abn.pmd Rev.07/2010

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