

227

FILED/EFFECTIVE**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

NO DEC 19 AM 9:50

STATE OF IDAHO

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

APPLEWOOD VETERINARY CENTER

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 |
|----------------------------|--|
| <u>DONALD C. MOHNEY</u> | <u>1600 E. SEITZ WAY POST FALLS, ID. 83854</u> |
| <u>KIMBERLEE J. MOHNEY</u> | <u>SAME</u> |

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208-773-4524

DONALD MOHNEY
1600 E. SEITZ WAY
POST FALLS, ID. 83854

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
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: [Signature]Printed Name: DONALD C. MOHNEYCapacity: SOLE PROPRIETOR OWNER

(see instruction # 8 on back of form)

Revision 12/89
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IDAHO SECRETARY OF STATE

12/19/2000 09:00
CK: 7973 CT: 139815 BN: 367645

1 @ 20.00 = 20.00 ASSUM NAME # 2

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