



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 11 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

A Best Friend Dog Training

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Jennifer Derrick

Complete Address

501 N Meadowland Dr

Boise Idaho 83713

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

A Best Friends Dog Training c/o Jennifer Derrick

501 N Meadowland Dr.

Boise Idaho, 83713

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Secretary of State use only

Signature: Jennifer Derrick
(signature required)

Printed Name: Jennifer Derrick

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/11/2008 05:00
CK: 1525 CT: 227753 BH: 1126549
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