

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. |2 JAN 20 AM 9: 05

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE

	STATE OF IDAHO
1. The assumed business name which the u	undersigned use(s) in the transaction of
business is:	
Dog N Cat Wellness Clinic	
The true name(s) and <u>business</u> address(business under the assumed business name).	ame:
<u>Name</u>	Complete Address
Martha M Eaton	1240 State St
D R BELFORD	Weiser, ID 83672
<u> </u>	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture	on and Public Utilities
☐ Manufacturing ☐ Mining	Submit Certificate of
Finance, Insurance, and Real Estat	Assumed Business te Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Martha M Eaton 1269 Monroe Creek Rd	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Weiser, Idaho 83672	
5. Name and address for this acknowledgm copy is (if other than # 4 above): Martha M Eaton 1269 Monroe Creek Rd	ent
Weiser, Idaho 83672	Secretary of State use only
Signature: Matha M Cattr	
Printed Name: Martha M Eaton, DVM	
Capacity/Title: Owner	_ IDAHO SECRETARY OF STATE
Signature: ORBELFOR	01/20/2012 05:00 CK: 9175 CT: 266119 BH: 1386957
Printed Name: DR BELFORD	1 0 25.00 = 25.00 ASSUM NAME 0 2
Capacity/Title: Owner	D152651

abn.pmd Rev. 07/2010