

Printed Name: \_\_ Capacity/Title: C

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: Golay Pet Fo	nds
. The true name(s) and business address(es) of the business under the assumed business name:  Name  Robin E. Golay  83	complete Address  26N 1400 E. Buhl I
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:  Robin E. Golay CED  Golay Pet Food XI-C  4326 M 1400 E BWN T& 833	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-543-5564
ature:	Secretary of State use only

IDAHO SECRETARY OF STATE

@2/03/2003 @5:00

CK: 4461 CT: 156010 BN: 660471
1 @ 20.00 = 20.00 ASSUM NAME # 3

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