



**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.

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

Post Falls Animal Clinic

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

Name _____

Complete Address

Steven D. Cassel

Complete Address
920 N. Spokane st.
Post Falls ID 83854

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation
<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	

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

Post Falls Animal Clinic
920 N. Spokane St.
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 **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(208) 773-3713

Secretary of State use only

Signature: Dr. S. C. Patel

Printed Name: *Dr. Steven Cassel*

Capacity/Title: Owner

(see instruction # 8 on back of form)

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