



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2005 MAR 15 AM 8:35  
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:

Dove's Care

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

<u>Name</u>	<u>Complete Address</u>
<u>FLORIAN DOVE MILLER</u>	} ← SAME
<u>5303 ASPENWOOD AVE</u>	
<u>Caldwell, ID 83607</u>	

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:

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

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

FLORIAN DOVE MILLER  
5303 ASPENWOOD AVE  
Caldwell, ID 83607

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

FLORIAN DOVE MILLER  
5303 ASPENWOOD AVE  
Caldwell, ID 83607

Signature: Florian Dove Miller  
(signature required)

Printed Name: FLORIAN DOVE MILLER

Capacity/Title: owner / administrator  
(see instruction # 8 on back of form)

Phone number (optional):

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/15/2005 05:00  
CX: 1170 CT: 158810 IN: 798571  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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