

Capacity/Title: \_\_

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2 JAN -6 AM 9: 24 submits for filing a certificate of Assumed Business Name.

## 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 under business is:  South Valley	
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name:  Name  Dob Dog INC.  (CAMBO)	f the entity or individual(s) doing  Complete Address  Box (129 Gruevue, 1) 833  Bruevue, 1) 833
3. The general type of business transacted unde  Retail Trade Transportation ar  Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	<b>1</b> 1
4. The name and address to which future correspondence should be addressed:  South Victory 7124624  Box 1129  Belleve 1D 83313	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: / Drinted Name: DALK SUMMERS Capacity/Title: OWNER	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 01/06/2012 05:00
Printed Name:	CK: 16205 CT: 265683 BH: 1304788

abn.pmd Rev. 07/2010

CK: 16205 CT: 265683 BH: 1304788 1 9 25.00 = 25.00 ASSUM NAME # 2

D152347