



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 AUG 26 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

RATHDRUM ANIMAL CLINIC

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>
NORTH IDAHO VETERINARY	6499 W. COMMERCIAL PARK AVENUE, STE. 1
PROFESSIONALS, P.A.	RATHDRUM, IDAHO 83858
<u>C190828</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 | |

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

SAME AS #2 ABOVE

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Aprill Sherman

Printed Name: APRILL SHERMAN, DVM

Capacity/Title: PRESIDENT

Signature: Tonia Gable

Printed Name: TONIA GABLE, DVM

Capacity/Title: SECRETARY

Secretary of State use only

IDAHO SECRETARY OF STATE
08/26/2011 05:00
CX: 51815 CT: 261901 BH: 1288071
1 @ 25.00 = 25.00 ASSUM NAME # 2

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