

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

SECRO BY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

| RA | THDRUM ANIMAL CLINIC |
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| business under the assumed business | |
| Name Name | Complete Address |
| NORTH IDAHO VETERINARY | 6499 W. COMMERCIAL PARK AVENUE, STE. 1 |
| PROFESSIONALS, P.A. | RATHDRUM, IDAHO 83858 |
| Retail Trade Trans Wholesale Trade Cons | Assumed Business |
| The name and address to which full correspondence should be address SAME AS #2 ABOVE | Occidently of Otale |
| 5. Name and address for this acknow copy is (if other than # 4 above): | vledgment |
| de ill II | Secretary of State use only |
| gnature: All Showner | |
| rinted Name: APRILL SHERMAN, DVM | |
| apacity/Title: PRESIDENT | |
| gnature: / bua casu | TRAMA CECRETARY OF THE PROPERTY OF THE PROPERT |
| rinted Name: TONIA GABLE, DVM | IDAHO SECRETARY OF STATE 08/26/2011 05:00 |
| apacity/Title: SECRETARY | CK: 51815 CT: 261901 BH: 1288 1 8 25.80 = 25.80 ACCION MANE |

abn.pmd Rev. 07/2010

1 0 25.80 = 25.68 ASSUM NAME # 2

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