



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 NOV -4 AM 8:58

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

EQUINE THERAPIES

SECRETARY OF STATE  
STATE OF IDAHO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

D. KATRINA FAYLOVICH POB 411 HORSESHOE BEND, ID 83629  
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

- ☐ Retail Trade  
☐ Wholesale Trade  
☒ Services

- ☐ Construction  
☐ Agriculture  
☐ Manufacturing

- ☐ Transportation and Public Utilities  
☐ Mining  
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

EQUINE THERAPIES  
(Name)  
POB 411  
(Address)  
HORSESHOE BEND ID 83629  
(City) (State) (Zipcode)

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

D. KATRINA FAYLOVICH  
(Name)  
POB 411  
(Address)  
HORSESHOE BEND ID 83629  
(City) (State) (Zipcode)

Printed Name: D. KATRINA FAYLOVICH

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/04/2015 05:00

CK:2057 CT:316414 BH:1499101

10 25.00 = 25.00 ASSUM NAME #2

D182434