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CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 FEB -3 AM 9: 44

SECRETARY OF STATE STATE OF IDAHO

D168598

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

business is: Scott's Livestock Service	
2. The true name(s) and <u>business</u> address business under the assumed business r	
Name	Complete Address
Scott Barnes, DVM	1185 Guernsey Cut Off Road
	Potlatch, ID 83855
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Services Agriculture	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Scott Bames, DVM	Secretary of State 450 North 4th Street PO Box 83720
1185 Guernsey Cut Off Rd Potlatch, ID 83855	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	ment
gnature: Try Bown SVM	Secretary of State use only
nted Name: Scott Barnes, DVM	_
pacity/Title:Owner	
nature:	IDAHO SECRETARY OF STATE - 92/93/2914 95:0
nted Name:	CK: 1007 CT: 292488 BH: 14987 1 8 25.88 = 25.88 ASSUM NAME
anacity/Title:	1 6 F0100