

FILED EFFECTIVE

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

2014 AUG -4 PM 3: 36

SECRETARY OF STATE  
STATE OF IDAHO

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

**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:

Ada Veterinary Hospital

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>
<u>Broshar Veterinary Services, PC</u>	<u>4204 W. Overland Rd.</u>
<u>C202974</u>	<u>Boise, ID 83705</u>

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Patrick Broshar  
4204 W. Overland Rd  
Boise, ID 83705

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

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: *Patrick B. Broshar*

Printed Name: Patrick B. Broshar

Capacity/Title: President

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

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

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

08/04/2014 05:00

CK:2113490 CT:172099 BH:1435962

1@ 25.00 = 25.00 ASSUM NAME #2

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