				the state of the s
	CERTIFICAT (Please ty	E OF ASSU	JMED BUS . See instruction	SINESS NAME of Participation of Partici
	gives notice	or adoption of an	i Assumea Busir	less Name takk to
1. The a busin	assumed business iess is:	s name which the	undersigned us	e(s) in the transaction of
	Dog Goon	e Beautife)	
	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name Cor			mplete Address
anne d'alle a	O		PC	iest River, ID 83856
3. The (general type of bu hark only those that apply)	siness transacted	under the assu	med business name is:
	Retail Trade Wholesale Trade Services	Manufacture Agriculture Construction	Fin	nsportation and Public Utilities ance, Insurance, and Real Estate ing
	The name and address to which future Phone number (optional): 202-448-5009 correspondence should be addressed:			
30	acit Colter			Submit Certificate of Assumed Business Name and \$20,00 fee to:
5. Name	Name and address for this acknowledgment copy is (if other than # 4 above):			Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
~				Secretary of State use only
·	1	-	Revision 1/39	-
Signature: Colto IDANO SECRETARY OF STATE				
Printed Name: Trucy Colter 8 CK: 1593 CT: 154582 PH:				

221

Capacity: Owner

(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE 12/13/2001 05:00 CK: 1503 CT: 154582 BH: 434333 1 0 20.00 = 20.00 ASSUM NAME # 2