



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 DEC 14 05:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

PET CLINIC OF McCALL

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

JOHN E. PARK, JR., DVM, LLC

413 SOUTH 3RD STREET

W34945

P.O. BOX 883, McCALL, ID 83638

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

JOHN E. PARK, JR., DVM

P.O. BOX 883

McCALL, ID 83638

Phone number (optional):

208-634-5395

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

Secretary of State use only

Signature:

John E. Park Jr. DVM
(signature required)

Printed Name:

JOHN E. PARK, JR., DVM

Capacity/Title:

MEMBER

(see instruction # 8 on back of form)

g:\corp\form\abn_form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/14/2004 05:00
CK: 1522 CT: 150010 BH: 761455
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 82624