



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

Coeur d'Alene Spay and Neuter Clinic

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

Name

Robert Vogelsang

Complete Address

108 E. Poplar Ave.

Coeur d'Alene, ID 83814

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		

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

108 E. Poplar Ave
Coeur d'Alene, ID 83814

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

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

Bank of America

501 W. Appleway
Coeur d'Alene, ID 83814

Phone number (optional):

(208) 667-3537

Signature: Robert Vogelsang, DVM
(signature required)

Printed Name: Robert Vogelsang

Capacity/Title: Veterinarian

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2004 05:00
 CK: NO CK # CT: 158010 BH: 734189
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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