



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

FILED EFFECTIVE

2006 DEC -4 PM 12:42

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.

SECRETARY OF STATE
STATE OF IDAHO

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

Dog Training Squad

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

Home Healing Veterinary
Housecalls, Inc
(C169896) 7882 Swindermere Cir
Littleton, CO 80120

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

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

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

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

8281 N Idaho Rd
Post Falls, ID 83854

Phone number (optional):

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

Signature:  (signature required)

Printed Name: Lisa Silk

Capacity/Title: owner / president

(see instruction # 8 on back of form)

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Secretary of State use only

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IDaho SECRETARY OF STATE
12/05/2006 05:00
CK: 1251 CT: 203273 BH: 1017550
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