



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 55-504 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.

FILED EFFECTIVE

2005 JUN 13 10:51

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

COSMIC CANINE CAMP

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

PAULA BONNER

Box 959 Ketchum, ID 83340

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

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ 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:

PAULA BONNER

Box 959

Ketchum, ID 83340

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

Phone number (optional):

(208) 788-2034

Secretary of State use only

Signature:

Paula Bonner

(signature required)

Printed Name:

PAULA BONNER

Capacity/Title:

OWNER / OPERATOR

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
06/13/2005 05:00
CK: 2 CT: 150010 BH: 815517
1 @ 25.00 = 25.00 ASSUM NAME # 2

D88739