

FILED EFFECTIVE

227



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.

08 JUN 23 PM 12:04

SECRETARY OF STATE
STATE OF IDAHO

A/C #1117

[our file no. 23-062.2]

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

Orchard Animal Clinic

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

Orchard Animal Hospital, Inc.

3435 N Cole Road, Boise, ID 83704

(C178542)

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

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

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

Craig Maloney

3435 N Cole Road

Boise, ID 83704

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):

David S. Jensen

P. O. Box 829

Boise, ID 83701

Phone number (optional):

Secretary of State use only

Signature: _____

Printed Name: _____

Capacity/Title: _____

(signature required)

Craig Maloney

President

(see instruction # 8 on back of form)

D122810

IDAHO SECRETARY OF STATE
06/23/2008 05:00
CK: NONE CT: 1117 BH: 1121881
1 @ 25.00 = 25.00 ASSUM NAME # 2