



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 NOV 28 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

SNIP Low Cost Spay Neuter Clinic

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Spay Neuter Idaho Pets, Inc. 1077 S. Garden Place, Boise, ID 83705

County: **C 17 8972** State: **ID**

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

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

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

4. Mailing address for future correspondence:

Diane Ayres

Address: **1077 S. Garden Pl.**

City: **Boise** ID **83705**

County: _____ State: _____

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

Name: _____

Address: _____

City: _____ State: _____

Printed Name: **Diane Ayres, Executive Dir.**

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/28/2017 05:00

CK:2832 CT:348954 BH:1613739
1@ 25.00 = 25.00 ASSUM NAME #2

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