



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

98 DEC 28 AM 9:55
SECRETARY OF STATE
STATE OF IDAHO

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

Wood River Equine Hospital

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

<u>Name</u>	<u>Complete Address</u>
<u>Steve G. Fairbrother, D.V.M.</u>	<u>748 South Main, Bellevue, ID 83313</u>
<u>G. R. Fairbrother, D.V.M.</u>	<u>15 East 42nd, Burley, ID 83318</u>

- 3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): (208)788-3424

Wood River Equine Hospital
748 South Main
Bellevue, ID 83313

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

Submit Certificate of Assumed Business Name and \$20.00 fee to:

 Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Signature: Steve G. Fairbrother, D.V.M.

Printed Name: Steve G. Fairbrother, D.V.M.

Capacity: partner

(see instruction # 8 on back of form)

Revision 1/98 g:\corp\form\alabn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

12/28/1998 09:00
CK: 2845 CT: 188687 BH: 173524

1 @ 20.00 = 20.00 ASSUM NAME # 2

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