

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

12 JAN 23 AM 9: 41

## Please type or print legibly. Instructions are included on back of application.

SECREMBY OF STATE STATE OF IDAHO

And	drus Veterinary
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> <u>Milo Andrus</u>	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Andrus Veterinary  PO Box 431  McCammon ID 83250	Secretary of State 450 North 4th Street
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Secretary of State use only
Signature: MA MATTY DVM	_
Printed Name: Milo Andrus	
Capacity/Title: Owner	IDANO SECRETARY OF STATE
Signature:	Ø1/24/2012 Ø5:00 CK: 1393 CT: 266246 BH: 1387424
Printed Name:	1 8 25.88 = 25.88 ASSUM NAME # 2
Capacity/Title:	
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