Capacity:

Partner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHOB MAR 30 AM 9: 31



	gives notice of adoption of an Assumed	e, the ui I Busi rio	se Name L. State State of than
1.	The assumed business name which the unbusiness is:	dersign	ed use(s) in the transaction of
	Cascade Cri	Hers	
2.	The true name(s) and business address(es business under the assumed business name	s) of the ne is/are	entity or individual(s) doing
	Shelly A. Milam	1452	Complete Address Correcte Rd Emmett TO 23/17
	Shelly A. Milam Jacqueleyn L. Humble	11	Same 11 11 11
		· · · · · · · · ·	
3.	The general type of business transacted ur (mark only those that apply)	nder the	assumed business name is:
	Retail Trade	g	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	hone nu	ımber (optional):
	Cascad Critters		Submit Certificate of
	1452 Cascade Rd		Assumed Business Name and \$20.00 fee to:
	Emmett, IO. 83617		Secretary of State
5 .	Name and address for this acknowledgmen	nt	700 West Jefferson Basement West
	COPY IS (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only IDANU SECRETARY OF STATE
	AP	eon 2/87	03/30/1998 09:00 (K: 667 CT: 95544 BH: 95646

Printed Name: Shelly A Milam

1 0 20.00 = 20.00 ASSUN NAME

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