PILED FEFFOTIVE



Capacity/Title:

PRES.

(see instruction # 8 on back of form)

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.

SECRETARY OF OF STATE OF TO A STATE OF TO A

NOVERS	REMEDIES
The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing
Name	Complete Address
DK HERB COMPANY, INC.	304 N 4TH AVENUE, HAILEY, ID 83333
6176847	
3. The general type of business transacted und	d
✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: DK HERB COMPANY d/b/a ROVER'S REMEDIES 304 N. 4TH AVENUE, HAILEY, ID 83333	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	
DK HERB COMPANY	
304 N. 4TH AVENUE, HAILEY, ID 83333	Secretary of State use only
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92/11/2008 05:00 CK: 4748 CT: 69598 MH: 1898926 1 0 25:00 = 25:00 ASSUM MANE 8 8