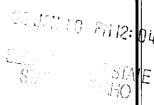


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



TREASURED PETS	
The true name(s) and business address(described business under the assumed business name	
Wholesale Trade ☐ Constructio ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estat 4. The name and address to which future correspondence should be addressed:	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
KIMBERLY MORAES 6383 W. POMONA ROAD BOISE, ID 83704	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only
gnature: // (signature required) rinted Name: KIMBERLY MORAES apacity/Title: OWNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE O1/10/2006 05: CX: CASH CT: 158600 BH: 93: 1 0 25.00 = 25.00 occilin Mon

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