



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 APR -5 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

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

AWESOME PAWS GROOMING

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

PAMELA HOLLOWAY 1411 FALLS AVE. E. SUITE 600 ^{TWIN FALLS, ID}
 (Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

PAMELA HOLLOWAY

(Name)

8104 QUINCY ST. #2

(Address)

TWIN FALLS IDAHO 83301

(City)

(State)

(Zipcode)

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

(Name)

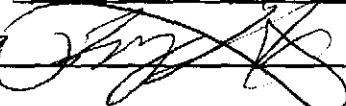
(Address)

(City)

(State)

(Zipcode)

Printed Name: PAMELA HOLLOWAY

Signature: 

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDaho SECRETARY OF STATE

04/05/2017 05:00

CK:1131 CT:337457 BH:1577492
 10 25.00 = 25.00 ASSUM NAME #2

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