



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 83301
(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)
804 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: [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
1@ 25.00 = 25.00 ASSUM NAME #2

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