



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE  
07/26/2004 05:00  
CK: 1146 CT: 158810 BH: 757476  
1 0 25.00 = 25.00 ASSUM NAME # 2

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Pet Care Extraordinaire

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Alesia Ispas-Moulder

Complete Address

404 Walnut St.

New Plymouth, ID 83655

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

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

4. The name and address to which future correspondence should be addressed:

Pet Care Extraordinaire

40 Alesia Ispas - Moulder

404 Walnut St.

New Plymouth, ID 83655

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

Secretary of State use only

Signature

Alesia Ispas-Moulder  
(Signature required)

Printed Name:

Alesia Ispas-Moulder

Capacity/Title:

Owner

(see instruction # 8 on back of form)