

FILING RECEIPT

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ENTITY NAME : BUFFALO HUMANE

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

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FILER:

FILED: 05/22/2013

CASH#: 302643

FILM#: 20130522020

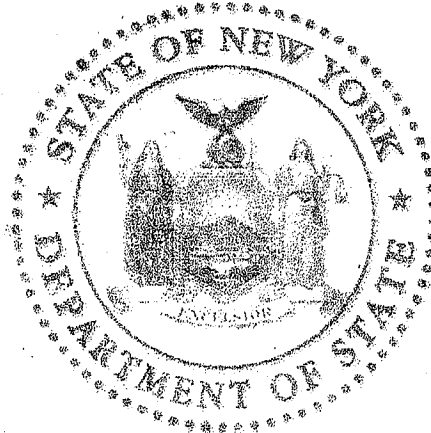
CLARA M MILLER
32 ELLWOOD PLACE

CHEEKTOWAGA NY 14225

PRINCIPAL LOCATION

7007 CAMPBELL BLVD

PENDELTON
NY 14120



COMMENT:

ASSUMED NAME

PETS ALIVE WNY

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SERVICE COMPANY : +++ NO SERVICE COMPANY +++

CODE:

BOX :

FEES 50.00

PAYMENTS: 50.00

FILING : 25.00

CASH :

COUNTY : 25.00

CHECK : 50.00

COPIES : .00

C CARD :

MISC : .00

REFUND :

HANDLE : .00