

## **CERTIFICATE OF**

The state of the s	
CERTIFICATE OF ASSUMED BUSINESS NAM	
Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business N	igned Sold Sold Sold Sold Sold Sold Sold Sol
Please type or print legibly.	
NOTE: See instructions on reverse before filing.	
The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Little Friends DAy Care	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name:	
Name	Complete Address
lisha Lyn Hansen	15 ward dr
	41 X fixt 120 8322
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Tisha Hansen	Basement West PO Box 83720
415 Ward dr	Boise ID 83720-0080
Blackfort III 8322	208 334-2301
	Phone number (optional):
<ol><li>Name and address for this acknowledgment CODY is (if other than # 4 above):</li></ol>	208-785-1411
COPY 13 (Il Ottlet than # 4 above).	040, 192-1 III
	Secretary of State use only
	Secretary of State and Only
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
signature: Hona Hansen	

Printed Name: \_\_ Capacity/Title: Www. (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

03/13/2003 05:00

CK: 344470 CT: 158010 BH: 668265
1 0 20.00 = 20.00 ASSUM NAME # 2

D63426