



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

10 JUL 30 AM 8:23

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

Select Sitters.

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

<u>Name</u>	<u>Complete Address</u>
<u>Independent Contractors, LLC</u>	<u>4665 Enterprise St., Boise ID 83705</u>
<u>(WA5286)</u>	<u>mailing: PO Box 32, Eagle, ID 83616</u>

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:

Select Sitters (Cheyanne Howell)  
P.O. Box 32  
Eagle, ID 83616

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

\_\_\_\_\_  
Signature: Cheyanne R. Howell  
Printed Name: Cheyanne R. Howell  
Capacity/Title: Member  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/30/2010 05:00  
CK: 113 CT: 163168 BH: 1232883  
1 @ 25.00 = 25.00 ASSUM NAME # 3

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