



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

ME  
MAR 24 AM 9:23  
STATE OF IDAHO

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

## The Power of Play Daycare

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

Name

**Deborah Lynn Fields**

### Complete Address

1714 W. Honeysuckle Avenue

Hayden, Idaho 83835

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

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

**Deborah Lynn Fields**

1714 W. Honeysuckle Avenue

Hayden, Idaho 83835

**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**

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

**Phone number (optional):**

(208) 762-3988

**Secretary of State use only**

**Signature:**

Deborah Lynn Fields  
(signature required)

**Signature required**

Printed Name:

Deborah Lynn Fields

**Capacity/Title:**

Owner

(see instruction # 8 on back of form)

Revised 04/2003

IDAHO SECRETARY OF STATE  
03/24/2005 05:00  
CK: 534 CT: 150010 BH: 000462  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 85980