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**FILED/EFFECTIVE****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name 9: 08

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

Learn To Grow Learning Center

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

Denice Willis 310 Lois St, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-736-0350

Learn To Grow Learning Center  
310 Lois St.  
Twin Falls, ID 83301

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

Signature: Denice WillisPrinted Name: Denice WillisCapacity: Owner/President

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/2000 09:00  
CK: 727 CI: 183786 BH: 337845

1 @ 20.00 = 20.00 ASSUM NAME # 2

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