



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 JUN 23 AM 8:17

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

CALICO KIDS CHILDCARE

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
ROBERT L. HOSKINS	PO BOX 531 CLARK FORK, ID 83811
FREDA A. HOSKINS	PO BOX 531 CLARK FORK, ID 83811

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:

CALICO KIDS CHILDCARE
PO BOX 631
CLARK FORK, ID 83811

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):

SAME

Phone number (optional):

(208) 266-1568

Secretary of State use only

Signature: Freda A. Hoskins
(signature required)
Printed Name: FREDA A. HOSKINS
Capacity/Title: OWNER/DIRECTOR
(see instruction # 8 on back of form)

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Revised 04/2003

06/23/2003 IDAHO SECRETARY OF STATE
CK: 1736 CT: 158818 BH: 687348
1 @ 25.00 = 25.00 ASSUM NAME 1 2

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