



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 SEP 29 PM 4:33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

~~Boys~~ Child 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
<u>Saluha Sufi</u>	<u>1352 N. Liberty #P1</u>
<u></u>	<u>Boise, ID 83704</u>
<u></u>	<u></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:

Saluha Sufi
1352 N. Liberty #P1
Boise, ID 83704

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

Same as above

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

Phone number (optional):

376-4549

Secretary of State use only

Signature: ~~DILOU~~

(signature required)

Printed Name: Saluha Sufi

Capacity/Title: Owner/operator

(see instruction # 8 on back of form)

9. c:\pforms\labn forms\labn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/29/2006 05:00
CK: CAS H CT: 158810 BH: 977933
1 @ 25.00 = 25.00 ASSUM NAME # 2

D104231