



# 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.

**FILED/EFFECTIVE**

AUG 21 AM 10:29

STATE OF IDAHO

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

Step Ahead Pre-School

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

Name	Complete Address
<u>Irene McMikle</u>	<u>9355 Lyle St., Boise, ID 83709</u>
_____	_____
_____	_____

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): 362-5111

Irene McMikle  
9355 Lyle St.  
Boise, Id 83709-4844

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Revision 1/98  
D:\corpform\labn.pdf

Signature: Irene McMikle

Printed Name: Irene McMikle

Capacity: Sole proprietor

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/24/2000 09:00  
CX: 5842 CT: 87556 BH: 343628

1 @ 20.00 = 20.00 ASSUM NAME # 2

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