



# 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.

FILED EFFECTIVE  
2004 JUN 28 AM 9:28  
STATE OF IDAHO

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

New Life Adventures Preschool & 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
<u>Tami L. Scott</u>	<u>16361 Westwood Dr.</u>
<u>Michael M. Scott</u>	<u>Rathdrum, ID. 83858</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 |                                                              |

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

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

Tami Scott  
16361 Westwood Dr.  
Rathdrum ID 83858

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

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

Phone number (optional):

208-687-3570

Signature: Tami L. Scott  
(signature required)

Printed Name: Tami L. Scott

Capacity/Title: Owner  
(see instruction # 8 on back of form)

g:\corp\forms\abn\_forms\abn.p65  
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/28/2004 05:00  
CK: 4023 CT: 150010 BH: 752819  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 77698