



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

2005 AUG 31 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

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

Fruit of the Spirit Learning Center

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

Kimberly S. Manu

2081 Steven St. Pocatello, ID 83201

Kelly S. Phillips

620 Gary St. Pocatello, ID 83201

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:

FOTS

800 Marinus Ln.

Pocatello, ID 83201

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

Signature:

Kimberly S. Manu
(signature required)

Printed Name:

Kimberly S. Manu

Capacity/Title:

Owner / Director

(see instruction # 8 on back of form)

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):

(208) 237-4085

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/31/2005 05:00
CK: 4496 CT: 150010 BH: 909121
1 @ 25.00 = 25.00 ASSUM NAME # 2

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