



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED/EFFECTIVE

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

2002 MAY -9 AM 8:31

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:

PARKSIDE INFANT 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

Molly ROWAN

1926 PARKSIDE DR. BOISE ID 83712

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:

Molly ROWAN

1926 PARKSIDE DR.

BOISE ID 83712

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):

SAME AS ABOVE

Phone number (optional):

208-385-9696

Signature: Molly Rowan

Printed Name: Molly Rowan

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

DS4780

IDAHO SECRETARY OF STATE  
05/09/2002 05:00  
CK: 1197 CT: 160275 BH: 464687  
1 @ 20.00 = 20.00 ASSUM NAME # 2