

Capacity/Title:\_

(see instruction #8 on back of form)

## 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.

2007 JUL -5 AM 8:53

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 business is:    Care   Learning   Lea	
2. The true name(s) and business address(es) of the obusiness under the assumed business name:  Name  Peyez  342	entity or individual(s) doing  Complete Address  UW 52005 Dexbuya, ID.8346
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Heli Perez  3424 W 52005  Pexburg, ID, 83440	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):	Phone number (optional):  208-356-4876
Signature:	Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2007 05:00
CK: 1718 CT: 215863 BH: 1864825
1 8 25.88 = 25.88 ASSUN NAME # 2

