(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

| 27 | EFFECTIVE |
|--|---|
| CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before | NAME e undersigned usiness Name. |
| The assumed business name which the und business is: Busy Hands | |
| 2. The true name(s) and business address(es) business under the assumed business name Name Chanelle Juntunen | of the entity or individual(s) doing e: Complete Address |
| 3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Busy Hands Daycare Attn: Chanelle Juntunen 103 Diane St | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above): | t Phone number (optional): Secretary of State use only |
| Signature: Chanelle Juntunen Printed Name: Chanelle Juntunen Capacity/Title: GWner | IDAHO SECRETARY OF STATE O9/24/2003 |

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