

Printed Name: Jamie Williamson

Printed Name: Dallas Williamson

Capacity/Title:

Capacity/Title:

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN -3 AM 9: 05

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Sunshine Kids Childcare & Preschool 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name **Complete Address** 2013 Addison Ave E. Twin Falls, ID 83301 Jamie Williamson Dallas Williamson 2013 Addison Ave E, Twin Falls, ID 83301 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 C/O Tilley & Lincoln, PLLC Boise ID 83720-0080 691 Addison Ave 208 334-2301 Twin Falls, ID 83301 Name and address for this acknowledgment CODY IS (if other than #4 above). Secretary of State use only Signature:

abn.pmd Rev. 07/2010

IDANO SECRETARY OF STATE
01/03/2012 05:00
CK: NONE CT: 2198 BH: 1384072
1 0 25.00 = 25.00 ASSUM NAME # 2

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