

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 OCT 21 AM 8:38

SECRETARY OF STATE

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

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

Amber's Child 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
<u>Amber Lee</u>	<u>265 N Bob-O-Link Dr. Idaho Falls</u>
	<u>Idaho 83401</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

4. The name and address to which future correspondence should be addressed:

Amber Lee  
265 N Bob-O-Link Drive  
Idaho Falls, ID 83401

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

Phone number (optional):  
208-529-2673

Signature: *Amber Lee*

Printed Name: Amber Lee

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
10/24/2005 05:00  
CK: 350 CT: 158010 BH: 918353  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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