



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO JUL 22 AM 10:04

Pursuant to Section 53-504, Idaho Code, the undersigned, SECRETARY OF STATE
gives notice of adoption of an Assumed Business Name IDAHO

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

Second Childhood

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Marsha MYERS</u>	<u>3rd and Main Street Challis Id</u>
<u>KENNETH L. MEHRTENS</u>	<u>SAME</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 879-2284

Second Childhood

PO 1201

Challis Id 83226

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

Y

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

Signature: Marsha Myers

Printed Name: Marsha Myers

Capacity: Manager

(see instruction # 8 on back of form)

Secretary of State use only
IDHO SECRETARY OF STATE

07/22/1998 09:00
CX: NO CX B CT: 101700 BH: 130003

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 1/90

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