

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2013 FEB -5 AM 9: 09

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
CHERYL'S CHILD CARE	
The true name(s) and <u>business</u> address(es business under the assumed business nar <u>Name</u> CHERYL YANCEY	s) of the entity or individual(s) doing me: <u>Complete Address</u> P.O. BOX 4, 208 HIGHLAND DR., ARCO, ID 83213
3. The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     CHERYL YANCEY     P.O. BOX 4  ARCO, ID 83213	Name and \$25.00 fee to:  Secretary of State 450 North 4th Street 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
Signature: The United Name: The days and	Secretary of State use only
Capacity/Title Owner Signature:	
Printed Name:	IDAHO SECRETARY OF STATE  102/05/2013 05:00  102/05/2013 05:00  102/05/2013 05:00  102/05/2013 05:00

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