

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2005 JAN -7 12 8:59

STATE OF IDAHO

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

NEW HORIZONS DAYCARE

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

Name
Charlotte OLSON
Josephine RANES

Complete Address *Sandpoint*
779 Hidden Valley Rd. ID 83864
P.O. Box 485 DOVER, ID. 83825

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

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

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:

NEW HORIZONS DAYCARE
P.O. Box 485
DOVER, ID. 83825

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

Phone number (optional):

(208) 263-7636

Signature: Charlotte Olson
(signature required)

Printed Name: Charlotte Olson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\statn form\statn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/07/2005 05:00
CK: 158678 CT: 158818 BH: 785947
1 @ 25.00 = 25.00 ASSUM NAME # 2

D83196