CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 2007 JUL -5 AM 8: 54 submits for filing a certificate of Assumed Business Name. Please type or print legibly. SECRETARY OF STATE NOTE: See Instructions on reverse before filing. STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Care Connec -100 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** mer and Ville lavor Horfield 83201 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: Basement West National Child Care Connection. PO Box 83720 Boise ID 83720-0080 orfield 208 334-2301 Poorfello Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). 1209)238-3242 Secretary of State use only Signature: IDAHO SECRETARY OF STATE 07/05/2007 05:00 CK: 2909 CT: 215060 BH: 1864087 Printed Name: 25.88 ASSUM HANE Capacity/Title: Duner 11303 (see instruction # 8 on back of form)