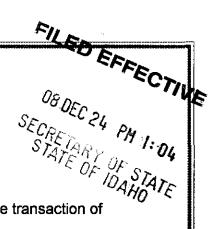


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



THE CRIB CHILD	CARE CI	ENTER
The true name(s) and business address(es) of business under the assumed business name: Name CHARLENE RUTH FENTON		ntity or individual(s) doing Complete Address P O BOX 274 HAZELTON, ID. 83335
The general type of business transacted under	er the a	ssumed business name is:
Retail Trade Transportation a	nd Pub	lic Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: THE CRIB CHILD CARE CENTER		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P O BOX 274		(208) 334-2301
HAZELTON, ID 83335		
5. Name and address for this acknowledgment COpy is (if other than # 4 above):	i	
		Secretary of State use only
nature: Charles (signsque required) ted Name: Charles Len 10 r pacity/Title: Dwn//r (see instruction # 8 on back of form)	gi-corplormstabn formstabn.p85 Revised 04/2003	IDAHO SECRETARY OF STA 12/24/2008 05 CK: 2145202535 CT: 158010 BH 1 0 25.00 = 25.00 ASSUM 1

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