



CERTIFICATE OF ASSUMED BUSINESS NAME

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

RECEIVED
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Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

STEP BY STEP CHILD CARE

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

Name

MARNEL V BULLOCK

Complete Address

353 W 150 N BLACKFOOT ID 83221

- 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

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

100 WEST BRIDGE
BLACKFOOT, ID 83221

Phone number (optional):

680-1202
782-3654

Secretary of State use only

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

KEY BANK

ATT SHAUNA

P.O. BOX 760

BLACKFOOT, ID 83221

Signature: Marnel V Bullock
(signature required)

Printed Name: MARNEL V BULLOCK

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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