

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2009 JAN 21 PM 1= 13

Subified for fining a certificate of Assumed Dus	
Please type or print legibly. NOTE: See instructions on reverse before	SECRETARY OF STATE STATE OF IDAHO
The assumed business name which the under business is:	rsigned use(s) in the transaction of
ALL GOD'S CHILDREN	DAYCAGE CENTER
The true name(s) and business address(es) of business under the assumed business name:	
Name	Complete Address
TREASURE VALLEY	3838 S. COLE
FULL GOSPEL FELOWSHIP (U 233)	BoisE, ID 83709
3. The general type of business transacted under	er the assumed business name is:
Wholesale Trade Construction	and Public Utilities
Services Agriculture	Submit Certificate of
<ul><li></li></ul>	Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
ALL GOD'S CHILDREN DAYCARE CENTER	Boise ID 83720-0080
3838 S. COLE RD. BOISE ID 83709	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: Mia Ria Mou	### TOTAL CT: 233341 BH: 1153299  1 8 25.08 = 25.08 ASSUM MANE #
(signature required)	IDAHO SECRETARY OF STATE  91/21/2009 95:00
Printed Name: MIA KIDLEY	01/21/2009 05:00 X: 1743 CT: 233741 RH: 1157200
Capacity/Title: Day CARE DIRECTOR	1 8 25.08 = 25.08 ASSUM NAME N
(see instruction # 8 on back of form)	