

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	CERTIFICATE OF ASSUMED BUSINESS NA	AME SALL AND STATE OF SALL AND
ig o	Pursuant to Section 53-504, Idaho Code the und submits for filing a certificate of Assumed Busines Please type or print legibly. OTE: See instructions on reverse before filing	, 40
busir	assumed business name which the undersigness is: He Wiggle Worms Dayca	
The the busin	true name(s) and business address(es) of the ness under the assumed business name: Name	
The	general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction	
	Services Agriculture	Submit Certificate of Assumed Business
	Manufacturing Mining Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The	•	
The corre	Finance, Insurance, and Real Estate name and address to which future spondence should be addressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

IDAHO SECRETARY OF STATE

04/25/2005 05:00

CK: 46404494356 CT: 158010 BH: 806334

1 0 25.00 = 25.00 ASSUM NAME # 2