

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



98 JUL 28 PM 1:57

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the business is:

J & C DAYCARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

DONALD CAPPS

Complete Address

341 BRACKEN ST N TWIN FALLS ID

JEANIE CAPPS

" " "

TWIN FALLS ID

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): 208-734-1206

341 BRACKEN ST NO

TWIN FALLS, ID 83301

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

DL EVANS BANK

Box 1188

TWIN FALLS  
BRANCH

BURLEY IDAHO

Signature:

Jeanie Capps

Printed Name:

JEANIE CAPPS

Capacity:

Owner -

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/1998 09:00  
CR: 1439 CT: 102057 BN: 131026

1 @ 20.00 = 20.00 ASSUM NAME

D17076