

Printed Name:

Capacity/Title:_

(see instruction # 8 on back of form)

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.

2005 MAR 28 AH 10: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Laring Heart	Daycare.
The true name(s) and business address(es) of the business under the assumed business name: Name One Jones Area	entity or individual(s) doing Complete Address OUTS Alice Court
B. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Correspondence Should be addressed: 30445 ARCE Count Attack T.D. 83801	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
nature: Cimeria de managemento de la compansión de la com	Secretary of State use only

IDANO SECRETARY OF STATE

@3/28/2005 @5:00

CK: 2510 CT: 158010 BH: 801045

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