



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**FILED EFFECTIVE**

2004 SEP -7 AM 9:42

SECRETARY  
STATE OF IDAHO

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

TheHoneypot Childcare

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

Name

Complete Address

Marvella Bjorkquist

PO Box 90 Ponderay Idaho 83852

3. 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 |  |

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

Marvella Bjorkquist

PO Box 90 Ponderay Idaho 83852

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

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

Phone number (optional):

208-265-8039

Secretary of State use only

Signature:

*Marvella Bjorkquist*  
(signature required)

Printed Name:

Marvella Bjorkquist

Capacity/Title:

owner/operator

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
09/07/2004 05:00  
CK: 1768 CT: 150010 BH: 764697  
1 @ 25.00 = 25.00 ASSUM NAME # 2