

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE



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.

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

Night Owls Childcare

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

Name	Complete Address
<u>Linda Starkson-Koranda</u>	<u>2360 N. Five Mile Rd</u>
	<u>Boise Idaho</u>
	<u>83713</u>

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): 208 333-0544

Linda Starkson-Koranda
2360 N. Five Mile Rd
Boise, Id 83713

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

Signature: Linda Starkson-Koranda

Printed Name: Linda Koranda

Capacity: _____

(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

D73952

IDAHO SECRETARY OF STATE
 03/09/2004 05:00
 CK: 4887 CT: 158018 BH: 731792
 1 @ 25.00 = 25.00 ASSUM NAME # 2

Revision 2/97
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