

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

2017 OCT 12 AM 9: 07

Filing fee: \$25.00.

SECRETARY OF STATE
STATE OF IDAHO

umed business name which the undersigned use(s) in the transaction of business is:

1.	The assumed business name which the undersigned use(s) in the transaction of business is: BLIGHT FUTURE CHILD CARE				
2.			ddross(as) of thosa da	sing business upo	lor
۷.	the individual and/or entity the assumed business na LEGINA TACOBSON (Name)	me (do <u>not</u> include the name		-	
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3 .	The general type of busine Retail Trade Wholesale Trade Services Mailing address for future	ConstructionAgricultureManufacturing	☐ Transportat	ion and Public U	al Estate
	REGINA JACOBSON (Name) 1596 WILD HORSO (Address) BONNERS FERRY (City)		(Name) (Address)	(State)	(Zipcode)
Printed Name: PEGINA JACOBSON			Secretary of State use only		
Signature: Printed Name:			IDAHO SECRETARY OF STATE		
Printed Name:			10/12/2017 05:00 CK:2123 CT:346858 BH:1606943		
	gnature:		10 25.00 =	= 25.00 ASSUM	NAME #2
~1	inted Name:		_		

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