

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. O3 APR 14 PM 3: 18 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is:      Kids R' US DayCare.      Kids R' US DayCare.	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Hera Pailla  All4	Complete Address  Bluegrass Ave.  JUL, 70 83100
3. The general type of business transacted under the a	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  49.4 Bluer (ass Ave.  Caldwell, 30.83007	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) 454-9331
	Secretary of State use only
Signature:	1764392
Printed Name: Printed Name: Director  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  94/14/2003 05:00  CK: 2104 CT: 158010 BH: 674674  1 8 25.00 = 25.00 ASSUM NAME # 2