

227

**FILED EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 SEP 19 AM 8:36

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

KID YOGA

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

YOGA FOR ME, LLC

1198 E. Sicily Street, Meridian, ID 83642

W106813

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:

VEANN AMADOR

1198 E. Sicily Street

Meridian, ID 83642

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
1450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: VEANN AMDOR

Capacity/Title: MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

sbm.pmd Rev.07/2010

IDAHO SECRETARY OF STATE  
09/19/2011 05:00  
CK: 786681 CT: 172899 BH: 1298888  
1 @ 25.00 = 25.00 ASSUM NAME # 3

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