

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2008 NOV 28 PM 3:48

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

KINNEY CARES DAYCARE

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

CHARLOTTE KINNEY

399 S STAR RD STAR, ID 83669

THEODORE KINNEY

399 S STAR RD STAR, ID 83669

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

CHARLOTTE KINNEY

399 S STAR RD

STAR, ID 83669

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Charlotte Kinney

(signature required)

Printed Name: CHARLOTTE KINNEY

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\forms\idaho\form\assumed\assumed.pdf
Rev: 04/02/2003

IDAHO SECRETARY OF STATE
11/28/2008 05:00
CK: 174783 CT: 172099 BH: 1146374
1 @ 25.00 = 25.00 ASSUM NAME # 2

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FILED EFFECTIVE