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CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2008 NOV 28 PM 3:48

SECRETARY OF STATE
STATE OF IDAHO

FILED
EFFECTIVE

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:

<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:

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):

Secretary of State use only

Signature: Charlotte Kinney
(signature required)

Printed Name: CHARLOTTE KINNEY

Capacity/Title: Owner

(see Instruction # 8 on back of form)

EAGLE BYPASS RULES
Rev. 04/2003

IDAHO SECRETARY OF STATE
11/28/2008 05:00
CX: 174783 CT: 172099 BH: 1146374
1 0 25.00 = 25.00 ASSUM NAME # 2

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