



# 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.

2004 AUG -3 P 12:56

SECRETARY OF STATE  
STATE OF IDAHO

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

Bright Beginning Preschool + 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
<u>Dolores Coelho</u>	<u>3164 S 2050 E Wendell Id.</u>
<u>Kaycee Wensink</u>	<u>244 3rd East Wendell Id.</u>
<u>Laura Coelho</u>	<u>2086 E 3200 S Wendell Id.</u>

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <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:

Bright Beginning Preschool + Daycare  
332 North Hailey  
Wendell, Idaho 83355

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

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):

208 536 5800

Signature: Dolores Coelho  
(signature required)

Printed Name: Dolores Coelho

Capacity/Title: co owner

(see instruction # 8 on back of form)

Secretary of State use only

078755

IDAHO SECRETARY OF STATE  
07/30/2004 05:00  
CK: 7101 CT: 150010 BH: 750433  
1 @ 25.00 = 25.00 ASSUM NAME #