## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 26 2 09 PN 100

gives notice of adoption of an Assumed Busin	ness Name.
<ol> <li>The assumed business name which the undersigned us business is:</li> </ol>	e(s) in the transaction of the state of IDAHO
Kid's World Presche	la
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li> </ol>	
	nplete Address Shford Lu. Nompe, Id 83687
3. The general type of business transacted under the assu (mark only those that apply)	med business name is:
Wholesale Trade Agriculture Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
The name and address to which future Phone number correspondence should be addressed:	r (optional): 4(e)-(e003
Kristen Kunyan	Submit Certificate of
920 N. Ashford La	Assumed Business Name and <b>\$20.00</b> fee to:
nampa ID 83687	Secretary of State
5. Name and address for this acknowledgment	700 West Jefferson Basement West
COPY is (if other than # 4 above).	PO Box 83720 Boise ID 83720-0080
On N Not C 11 - 1	208 334-2301
Manna Id 83687	19040 SELECTARY OF STATE Secretary of State use only 84/26/2000 09 x 00 1: 560 CT: 130285 3H: 312488
Mario I	e 28.88 = 20.88 ASSUM HAME # 2
signature. Listen Tunion	0 35311
Printed Name: Ansten Runyon	0 0001
Capacity: Solo Proprietorship (see instruction # 8 on back of form)	