	CERTIFICATE OF ASSUM (Please type or print legibly.	MED See inst	BUS ruction	ns on reverse.)		
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Ida gives notice of adoption of an As	ho Cod	e, the	, undersigned∐G		i est
1.	The assumed business name which the unbusiness is: Little Angels Christic		·	e(s) in the trans	action of the	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	Name		Con	nplete Address		
	Danelle Jones	1517	- I	Orive	Rupert, II	۲. آ
3.	The general type of business transacted ur (mark only those that apply)	nder the	assur	med business n	name is:	
4	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction The name and address to which future		Fina Min	ance, Insurance ing	I Public Utilities e, and Real Estate	;
٦.	The name and address to which future Phone number (optional): (208) 436-1821 correspondence should be addressed:					
	Danelle Jones 8th + J Street			Submit Certifica Assumed Busin Name and \$20	ness	
5.	Rupert , ID 83350 5. Name and address for this acknowledgmer copy is (if other than # 4 above):			Secretary of St 700 West Jeffe Basement Wes PO Box 83720 Boise ID 83720 208 334-2301	erson st	
			_	Secretary of Stat	e use only	=
Printed	Name: Danelle Jones ty: Self- proprietor (see instruction # 8 on back of form)	pVorms\abn.p65 Revision 12/99		IDANO SECR 68/68/2: CK: 7183 CT: 1 8 28.68 = 2	ETARY OF STATE @001 05 = 00 149842 BM: 412457 8.88 ASSUM MAME # 2	

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