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FILED EFFECTIVE
AUG 15 AM 8:42
SECRETARY OF STATE
STATE OF IDAHO

# 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.**

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

   Anita Haight Certified Family Home

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 |
|---|---|
| Anita R. Haight | 2564 Elizabeth Blvd. East, Twin Falls, ID 83301 |
| | |
| | |

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

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

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

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

   Anita R. Haight
   2564 Elizabeth Blvd East
   Twin Falls, ID 83301

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

Phone number (optional):

**Secretary of State use only**

Signature: Anita R. Haight
(signature required)

Printed Name: Anita R. Haight

Capacity/Title: Owner
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/16/2006 05:00
CK: 5196 CT: 158010 BH: 970365
1 @ 25.00 = 25.00 ASSUM NAME # 2

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