

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 APR 12 AM 11: 26

Please type or print legibly. Instructions are included on back of application.

Capacity/Title: Owner / Director

SECRETARY OF STATE STATE OF IDAHO

0162515

	business is: Alphabet Kids Childo	are.
2.	The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>Linda Everett</u> <u>Dwight Everett</u>	nme: Complete Address
3.	The general type of business transacted of Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Alphabet kids Childrage 5701 N. Millrun Ave. Garden City ID 83714	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signa	ature: Lida Everoll	Secretary of State use only
Printe Capa Signa	ed Name: Lindo Everett city/Title: Opener / Director	IDAHO SECRETARY OF STATE 04/12/2013 05:00 CK: 1592 CT: 269878 BH: 1369162 1 0 25.00 = 25.00 ASSUM NAME # 2