



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

2002 SEP -9 AM 9:46

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:

Sherri's Preschool

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Sherri Richens</u>	<u>P.O. Box 268, 93 N. Main, Paris, Id 83261</u>
_____	_____
_____	_____

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

- | | |
|---|--|
| <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 <i>I guess Preschool</i> | <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:

Sherri's Preschool
Sherri Richens
P.O. Box 268, Paris Id 83261

Submit Certificate of
Assumed Business
Name and \$20.00 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):

1-208-945-3504

Secretary of State use only

Signature: Sherri Richens
 Printed Name: Sherri Richens
 Capacity/Title: owner/teacher
 (see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
 09/09/2002 05:00
 CK: NO CK # CT: 150010 BH: 486963
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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