



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.

2004 MAR -8 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

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

CARE-2 Services DayCare

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

Gloria C Jensen

545 W. Pacific

Mary Lee Hamp

Blackfoot Id.

Care-2 Services, LLC

PO Box 1231 83221

W23354 Blackfoot ID 83221

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

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

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:

545 W. Pacific
Blackfoot Id
83221

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

Same

Phone number (optional):

785-2496

Secretary of State use only

Signature:

Gloria C Jensen
Mary Lee Hamp

Printed Name:

Gloria C Jensen
Mary Lee Hamp

Capacity/Title:

Co-Partners

(see instruction # 8 on back of form)

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 Revised 04/2003

IDAHO SECRETARY OF STATE
 03/09/2004 05:00
 CK: 40035 CT: 150010 BH: 731790
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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