

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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

2006 FEB -1 Aif 8:51-

Please type or print legibly.

NOTE: See instructions on reverse before filing.

**DONNA M COOPER** 

OWNER

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

TENDER LOVING CARE-GIVER  The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address	
	POST FALLS, IDAHO 83854
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  DONNA M COOPER DBA TENDER LOVING C	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
1428 N GLASGOW DR	Boise ID 83720-0080
POST FALLS, IDAHO 83854	208 334-2301
FUST FALLS, IDATIO 03004	
	Phone number (optional): 2086605994
5. Name and address for this acknowledgment	2086605994
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IDAHO SECRETARY OF STATE 02/01/2006 05:00 CX: 7535 CT: 158819 9H: 935358 1 8 25.00 = 25.00 ASSUM MANE # 2

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