

FILED EFFECTIVE



# 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.  
Instructions are included on back of application.

2015 JUN 17 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

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

Rita's Day Care

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>Gerardo Ballesteros</u>	<u>80 N. Grant St</u>
<u>Rita Ballesteros</u>	<u>Nampa, ID 83687</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	<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:

Gerardo & Rita Ballesteros  
80 N. Grant St.  
Nampa, ID 83687

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

\_\_\_\_\_  
 \_\_\_\_\_

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

40 SE Secretary of State use only

Signature: Rita Ballesteros

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Signature: X

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDaho SECRETARY OF STATE

06/17/2015 05:00

CK:2089 CT:311072 BH:1480180  
 1e 25.00 = 25.00 ASSUM NAME #2

D179781