



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.

FILED EFFECTIVE

08 JAN 22 PM 1:01

SECRETARY OF STATE
STATE OF IDAHO

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

Heather N Heather Kids Care

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
<u>Heather Bishop</u>	<u>4166 N. Montelino Way, Meridian ID 83646</u>
<u>Heather Peoples-Sali</u>	<u>320 8th Ave South Nampa ID 83651</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:

Heather N Heather Kids Care
4166 N. Montelino Way
Meridian, ID 83646

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

Jebi p Tf dsf ubsz pgTubf
561 O 5u Tuffu
QP Cpy 94831
Cpjt f JE 94831.1191

)319*445.3412

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

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Heather Bishop / Heather Peoples Sali

Capacity/Title: Owners
(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
01/22/2008 05:00
CK: 2017 CT: 221750 BH: 1095046
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 118446