

## **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.	
The assumed business name which the understand business is:  Z Namy Day Care  Tay Care	signed use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Alicia R. Zoos	Complete Address
Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:     O	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
Signature: Oliva Zacas  Printed Name: A//C/a R. Zoas  Capacity/Title: Olivar  (see instruction # 8 on back of form)	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  (26/09/2005 05:00  CK: 2114 CT: 158019 BH: 815118  1 9 25.00 = 25.00 ASSUM NAME # 2

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