CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

   SunFlower Preschool

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Address
Lawinda Lee Nosiglia	419 Michigan St. Sandpoint, Id 83864

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

   (9) Services - preschool

   See categories on the reverse

4. The name and address to which correspondence should be addressed:

   Lawinda Lee Nosiglia
   419 Michigan St. Sandpoint, Id 83864

Signed Lawinda Lee Nosiglia

By

Capacity Sole owner/teacher

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
02/09/1998 09:00
CK: 1004 CT: 93964 BH: 80486
1 @ 20.00 = 20.00 ASSUM NAME

D11961

Revised 10/94