



**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.

09 JUN -5 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

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

Love 2 Learn Preschool

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

Barbara M. Hansen

98 N. 760W. Blackfoot, Id. 83221

David J. Hansen

98 N. 760W. Blackfoot, Id. 83221

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:

Barbara M. Hansen  
98 North 760 West  
Blackfoot, Idaho 83221

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

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

Same as above

Phone number (optional):

208-684-3726

Signature: Barbara M. Hansen  
(signature required)

Printed Name: Barbara M. Hansen

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDaho SECRETARY OF STATE  
06/05/2009 05:00  
CK: 1800 CT: 150010 BH: 1173395  
10 25.00 = 25.00 ASSUM NAME 1 2

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