FILED EFFECTIVE



Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

79% JAH 21 PM 2: 10

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

_____ATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Miss Susan's Pre-School 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 Susan Spencer_ 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment (108) 431-2168 CODY IS (if other than # 4 above): Secretary of State use only Signature:_

IDAHO SECRETARY OF STATE
01/21/2004 05:00
CK: 1894 CT: 158818 BH: 722898
1 8 25.88 = 25.88 ASSUM MANE # 2

1) 7 2308