CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NA	AME
Pursuant to Section 53-504, Idaho Code, the unc submits for filing a certificate of Assumed Busine	tersigned 2007 task
Please type or print legibly.	SECRETARY OF OTATE
NOTE: See Instructions on reverse before fill	ng. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the undersi	gned use(s) in the transaction of
business is:	
Little Giggles Ch	nilocare
2. The true name(s) and business address(es) of t	be entity or individual(s) doing
 Ine true name(s) and business address(es) of the business under the assumed business name: 	ne entry of manadattor comg
Name	Complete Address
	2100 Tumbleweed CIR, Hayden, ID 83835
Layne J. Pitcher	2100 Tumbleweed CIR, Hayden, ID 83835
 Retail Trade Transportation and Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Rebecca J. Pitcher 2100 Tumbleweed CIR Hayden, ID 83835 Name and address for this acknowledgment copy is (if other than #4 above): 	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 Phone number (optional):
ignature: Achieve Achieve (signature required) rinted Name:	IDAHO SECRETARY OF STATE 01/08/2007 05 : 00 CK: 1125 CT: 158916 BH; 1824499