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CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 NOV 30 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

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:

ABC/123 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
JaLyn Weeks	20 N. Main #6
	Malad City, Idaho 83252

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

- [ ] Retail Trade
- [ ] Wholesale Trade
- [x] Services
- [ ] Manufacturing
- [ ] Finance, Insurance and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

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

ABC/123 Preschool
4670 West 1000 North
Malad City, Id 83252

Phone number (optional):

766-4964

5. Name and address for this acknowledgment copy is (Complete item 4 above)

Secretary of State use only

Signature: JaLyn Weeks
(signature required)

Printed Name: JaLyn Weeks

Capacity/Title: Owner/Head Teacher

(see instruction 5 on back of form)

IDAHO SECRETARY OF STATE
11/30/2005 05:00
CK: 437 CT: 158010 BH: 924268
1 @ 25.00 = 25.00 ASSUM NAME # 2

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