



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.

10 JUN -4 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is: Ashley's Daycare, Montessori, Inc.

Ashley's DayCare + Montessori 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

Ashley Egan

3890 E. 17th St. Ammon, ID
83406

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

Ashley Egan
3890 E 17th St
Ammen ID 83406

**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):

Phone number (optional):

Signature:

Ashley Egan
(signature required)

Signature required

Printed Name:

Ashley Egan

Capacity/Title:

(see instruction # 8 on back of form)

Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE
06/04/2010 05:00
CK: 20104371900 CT: 150010 DH: 1225241
1 @ 25.00 = 25.00 ASSUM NAME 1

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