CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) 1. The assumed business name which the undersigned use(s) in the transaction business is: JILL'S G'DAY CARE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name JILLIAN E. METCALFE ASPEN VALLEY DR. 1230 83333 HA ILE) ID 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Services Mining Phone number (optional): 208 788 477/ 4. The name and address to which future correspondence should be addressed: JILL METCALFE Submit Certificate of Assumed Business PO BOX Name and \$20.00 fee to: HAILEY ID 83333 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: 4, meta IDAHO SECRETARY OF STATE Printed Name: Jill

Director

(see instruction # 8 on back of form)

Capacity:

CK: 1805 CT: 158010 BH: 20.00 ASSUM

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