

Signature:

Printed Name: Aucia

Capacity/Title:

Capacity/Title:

Signature:

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

12 APR 26 PM 2: 14 SECRETARY OF STATE

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: GENESIS DAYCARE & 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 ALICIA SIGUENZA 105 N. YALE ST NAMPA ID, 83651 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 Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 SAME AS ABOVE Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above):

Secretary of State use only

IDAHO SECRETARY OF STATE 04/26/2012 05:00 CK: CASH CT: 158810 BH: 1321623 Le 25.00 = 25.00 ASSUM NAME # 2

D155182

STAUENZA