S

Capacity: <u>owner</u>

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

## To the SECRETARY OF STATE, STATE OF IDAHO

1.	gives notice of adoption of an Assumed business name which the under business is:		
	Cambous Child	d 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:		
	Kelly L. Helf	1.0	mplete Address th Aue 30,
		lampa	Id. 83651
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)		
	<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Agriculture</li> <li>☐ Construction</li> </ul>	☐ Fin	
ŀ.	<ul> <li>Wholesale Trade</li> <li>✓ Agriculture</li> <li>✓ Construction</li> </ul>	☐ Fir	ance, Insurance, and Real Est
l.	☐ Wholesale Trade ☐ Agriculture ☐ Construction  The name and address to which future Pho	☐ Fir	*
<b>5</b> .	Wholesale Trade Agriculture Services Construction  The name and address to which future correspondence should be addressed:  Canony Onid Care	☐ Fir	nance, Insurance, and Real Estaning  r (optional): 467-6378
<b>.</b>	Wholesale Trade Agriculture Services Construction  The name and address to which future Photocorrespondence should be addressed:  Carbons Child Care  H19 13th Ase So  Name and address for this acknowledgment	Fir Min	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

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