Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reversiLED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1.	gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of	
	business is: Learn ε Play	
2.	The true name(s) and business address(es) business under the assumed business nam Name	
	Jena Rohman	1306 Collister Boise Id. 83203
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	Finance, Insurance, and Real EstaMining
4.	The name and address to which future Progression of the Progression of	Submit Certificate of Assumed Business
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
gnati	ure: Seva Rohman	Secretary of State use only IDAHO SECRETARY OF STATE D2/26/1999 09:00 CK: CASH CT: 111694 RH: 191784 1 0 28.80 = 20.80 ASSUM NAME # 2

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