



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**  
01 OCT 29 AM 9:05  
SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Kidzle B Kidz

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Shelley K. Eppers</u>	<u>917 N. Spokane St. Post Falls, ID.</u> <u>83854</u>
_____	_____
_____	_____

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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  
208 334-2301

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

Shelley K. Eppers  
917 N. Spokane St.  
Post Falls, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number (optional):

208 777-7270

Signature: S. Eppers

Printed Name: Shelley K. Eppers

Capacity: owner

(see instruction # 8 on back of form)

g:\corpforms\slabn form\slabn.p65 Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/29/2001 05:00  
CK: 3522 CT: 152948 BH: 426767  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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