



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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.

FILED
JAN 10 10 47 AM '00

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

SUNSHINE DAYCARE

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

Name	Complete Address
<u>HOLLIE BAKER</u>	<u>11101 TIOSA ST BOISE 83709</u>
<u>TODD BAKER</u>	<u>11101 TIOSA ST BOISE 83709</u>

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

(mark only those that apply)

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

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

Phone number (optional): _____

HOLLIE BAKER
11101 TIOSA ST
BOISE, ID 83709

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

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

Signature: _____

Printed Name: TODD BAKER

Capacity: MANAGER

(see instruction # 8 on back of form)

Revision 12/99 g:\corp\forms\slabn p65

Secretary of State use only

IDAHO SECRETARY OF STATE

01/10/2000 09:00
CK: CASH CT: 124977 BH: 280037

1 @ 20.00 = 20.00 ASSUM NAME # 2

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