



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 JUL 24 AM 8:38

SECRETARY OF STATE  
STATE OF IDAHO

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

Helping Hands Childcare

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Laura B Cork

(Name)

1975 West Fisher Avenue

(Address)

Post Falls

(City)

ID 83854

(State)

(Zipcode)

N/A

(Name)

(Address)

(City)

(State)

(Zipcode)

N/A

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Laura Cork

(Name)

1975 W. Fisher Ave

(Address)

Poswt Falls

(City)

ID 83854

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Laura B Cork

Signature: Laura B Cork

Printed Name: N/A

Signature: \_\_\_\_\_

Printed Name: N/A

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/24/2015 05:00

CK:5128 CT:312747 BH:1485292

1@ 25.00 = 25.00 ASSUM NAME #2

D180460