



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

(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:

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

Laura Cork

(Name)

1975 W. Fisher Ave

(Address)

Poswt Falls

(City)

ID 83854

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Laura B Cork

Signature: Laura Cork

Printed Name: N/A

Signature: _____

Printed Name: N/A

Signature: _____

Secretary of State use only

IDANO SECRETARY OF STATE

07/24/2015 05:00

CK:5128 CT:312747 BH:1485292
1@ 25.00 = 25.00 ASSUM NAME #2

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