



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

09 JUL 20 AM 9:49

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:

Curiosity Corner Childcare Learning Center

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

Name	Complete Address
<u>Leveda R Rhodes</u>	<u>304 S. 34th Ave # 203</u>
	<u>Caldwell, ID 83605</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 \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

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

Leveda R. Rhodes
304 S. 34th Ave # 203
Caldwell, ID 83605

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

Signature: Leveda R. Rhodes
(signature required)

Printed Name: Leveda R. Rhodes

Capacity/Title: Director

(see instruction # 8 on back of form)

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Secretary of State use only

IDAHO SECRETARY OF STATE
07/20/2009 05:00
CK: 262 CT: 150810 BH: 1179347
1 @ 25.00 = 25.00 ASSUM NAME # 2

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