



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

2007 JUN -3 AM 9:20

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:

ParentWatch

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

Name

Bonnie McCreary

Tesha Sunday

Bill Oyler

Complete Address

521 W. Ash St, Caldwell, Id 83605

1703 Alder, Caldwell, Id 83605

1703 Alder, Caldwell, Id 83605

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 | |

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

ParentWatch

521 W. Ash St

Caldwell, Id 83605

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

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

Phone number (optional):

Secretary of State use only

Signature: Bonnie McCreary

(signature required)

Printed Name: Bonnie McCreary

Bonnie McCreary

Capacity/Title: Owner

Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
06/03/2002 05:00
CK: 3065 CT: 158010 BH: 469127
1 @ 20.00 = 20.00 ASSUM NAME # 2

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