

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

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

Butterfly Learning Center

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	Address
<u>Chris A. Christensen MD</u>	<u>602 Markwell Ave, Silverton</u>
<u>Gayle P. Christensen</u>	<u>Same, Box 492</u>
	<u>Silverton, ID 83867</u>

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

Services - Day Care

See categories on the reverse

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

Gayle or Chris Christensen
P.O. Box 492
Silverton, ID 83867

Signed Gayle P. Christensen

By _____

Capacity Co-Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE
Secretary of State Use only

07/31/1998 09:00
CK: 1013 CT: 00241 IN: 132224

1 @ 20.00 = 20.00 ASSUM NAME

D17145

Revision 10/96

a copy must be filed

98 JUL 31 AM 9:57
SECRETARY OF STATE
STATE OF IDAHO

FILED