



# 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.

Please type or print legibly.

Instructions are included on back of application.

2016 SEP 29 PM 1:44

SECRETARY OF STATE  
STATE OF IDAHO

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

To Good Care Day Group

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

Name

Leslie C Yost

Complete Address

6597 W. Tobin Dr

Boise, ID 83717

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:

Leslie Yost

6597 W. Tobin Dr.

Boise, ID 83717

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature:

Leslie C Yost

Printed Name:

Leslie C Yost

Capacity/Title:

founder

Signature:

 

Printed Name:

 

Capacity/Title:

 

Secretary of State use only

IDABO SECRETARY OF STATE

09/29/2016 05:00

CK:102 CT:158010 BH:1548657  
1@ 25.00 = 25.00 ASSUM NAME #2

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