FILED EFFE TIVE



Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

2005 JAN 31 AM 9: 59

STATE OF IDAHO

NOTE: See instructions on reverse before filir	ng.
The assumed business name which the undersign business is:	gned use(s) in the transaction of
Grandmas Daycare	
The true name(s) and business address(es) of the business under the assumed business name: Name	ne entity or individual(s) doing Complete Address 2 13 th 50 set 50 nampa Fel 83
3. The general type of business transacted under th	ie assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Ginger Stenkamp 1312 12th st so	PO Box 83720
	Boise ID 83720-0080 208 334-2301
Nampa Id 83651	
 Name and address for this acknowledgment copy is (if other than # 4 above); 	Phone number (optional):
	208 467-9577
	Secretary of State use only
gnature: Anjec Stenkamp nted Name: Ginger Stenkamp	
inted Name: Ginger Stenkamp	IDAHO SECRETARY OF STATE

IDANO SECRETARY OF STATE 61/31/2005 65:00 CK: 2748 CT: 158818 BH: 798898 1 8 25.88 ASSUM NAME # 2

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