



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

99 MAR 18 AM 9:01

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.

SECRETARY OF STATE
STATE OF IDAHO

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

CALDWELL FAMILY DAYCARE

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

Complete Address

BECKY HOFF

2917 S. FLORIDA AVE

CALDWELL, ID. 83605

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 459-2964

CALDWELL FAMILY DAYCARE

2917 S. FLORIDA AVE

CALD. ID. 83605

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

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

Signature: Becky Hoff

Printed Name: BECKY HOFF

Capacity: owner

(see instruction # 8 on back of form)

Revision 1/88
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Secretary of State use only

IDAHO SECRETARY OF STATE

03/18/1999 09:00
CK: 2711 CT: 112756 IN: 198203

1 @ 20.00 = 20.00 ASSUM NAME # 2

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