

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 01 0CT 11 All 8: 42 STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the un business is:	dersigned	d use(s) in the transaction of	
Vista Childcare and Learning Cente	<u>r</u>		
The true name(s) and <u>business</u> address(es business under the assumed business name Name		tity or individual(s) doing <u>Complete Address</u>	
Valley Vista Care Corporation	820 E10	Street, St. Maries, ID 83861	
C81542			
3. The general type of business transacted un	nder the a	ssumed business name is:	
☐ Retail Trade ☐ Transportation☐ Wholesale Trade ☐ Construction	n and Put	olic Utilities	
Services)	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West	
Scott Burpee		PO Box 83720	
Valley Vista Care Corporation		Boise ID 83720-0080 208 334-2301	
820 Elm Street			
St. Maries, Idaho 83861 5. Name and address for this acknowledgm copy is (if other than if 4 above):	ent	Phone number (optional):	
		Secretary of State use only	
rinted Name: Scott Burpee	g.corptomaten tomateh.p85 Raveed 01/2001		
Capacity: Chief Executive Officer	3) Q. Q.	Though despetably of other	E
(see instruction # 8 on back of form)	Ö	IDAHO SECRETARY OF STATE 10/11/2001 05:	

CK: 3727 CT: 118414 BH: 423671 1 @ 20.00 = 20.00 ASSUM HAME # 11

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