

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO SEP 15 9 44 AM '97
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:

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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 |
|------------------------|-------------------------------------|
| <u>Kari L Burns</u> | <u>3800 N Eldorado, Boise 83704</u> |
| <u>Debbie Triplett</u> | <u>2439 Gloucester 83705</u> |

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

| | | |
|--|--|--|
| <input checked="" 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 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): 336 6870

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2439 Gloucester

Boise ID 83705

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: Kari L Burns

Printed Name: Kari L Burns

Capacity: Partner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

09/15/1997 09:00
CK: 3846 CT: 87144 BH: 38399

1 @ 20.00 = 20.00 ASSUM NAME

D 8/01

Revision 2/97

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