

Printed Name:

Capacity/Title:__

(see Instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

10 MAY -4 PM 2: 28

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: Faithful Hands F	reschool
2. The true name(s) and business address(es) of the business under the assumed business name: Name WALLOVENERA 98.2	Complete Address O Franklin Blud Boise, Id 83709
The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Faithful hands Peschool PO Box 19(07) Poise-Td 83709	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
nature: No. 12 N	Secretary of State use only

Revised 04/2003

IBAHO SECRETARY OF STATE 95/94/2010 95 200 CK: CASH CT: 158018 BH: 1229720 1 0 25.00 = 25.00 ASSUM MANE 8

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