| CERTIFICATE OF | |
|--|--|
| ASSUMED BUSINESS | NAME FILED EFFECTIVE |
| Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B | |
| Please type or print legibly. Instructions are included on back of app | secretion. SECREDATE OF DAHO |
| The assumed business name which the undersigned use(s) in the transaction of business is: | |
| Adventures in Daycare | |
| 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> <u>Complete Address</u> | |
| Melanie Randall | 1579 Saratoga |
| | Pocatello, ID |
| | 63201 |
| 3. The general type of business transacted ur Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Adventures In Onycare 1519 Savatoga Poca+CIID, TD 8370 5. Name and address for this acknowledgment copy is (if other than #4 above): | and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Signatuke Melanie Randall Printed Name Melanie Randall | Secretary of State use only |
| Capacity/Title: Owner | |
| Signature: | IDAHO SECRETARY OF STATE 11/25/2013 05:00 |
| Printed Name: | CK: 32320 CT: 290845 BH: 1399440 1 @ 25.08 = 25.98 ASSUM WANE # 2 |
| Capacity/Title: | |
| 9/21/2012 abn.pmd Rev.07 | D 167237 |