



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

NOV 20 11 05:44

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

Kelley Kid Care

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Dale Kelley</u>	<u>1249 North 950 East</u>
<u>Kayrene Kelley</u>	<u>Shelley Idaho 83274</u>

3. The general type of business transacted under the assumed business name is:

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

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

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

Kelley Kid Care c/o Kayrene
1249 N. 950 E
Shelley Idaho 83274

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

Phone number (optional):

208-357-5893

Signature: _____

Kayrene D. Kelley
(signature required)

Printed Name: _____

Kayrene D. Kelley

Capacity/Title: _____

Owner-Operator

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
11/20/2002 05:00
CK: 4250 CT: 150010 BH: 647055
1 @ 20.00 = 20.00 ASSUM NAME # 2

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