

227



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.

2005 NOV 21 PM 3:37

SECRETARY OF STATE
STATE OF IDAHO

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

SAFE HAVEN Childcare

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

<u>Name</u>	<u>Complete Address</u>
<u>Bridgett Slater</u>	<u>828 Campus Dr.</u>
<u>Idaho</u>	<u>Twin Falls, Id 83301</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	

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

Bridgett Slater
828 Campus Dr.
Twin Falls, Id 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208 733-1513

Signature: Bridgett Slater
(signature required)

Printed Name: Bridgett Slater

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

Form 53-504
Revised 04/2003

IDAHO SECRETARY OF STATE
11/21/2005 05:00
CK: 663534 CT: 172099 BH: 923287
1 @ 25.00 = 25.00 ASSUM NAME # 2

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