

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

TILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Kiddie Korner Learning	7
The true name(s) and business address(e business under the assumed business na	ime:
Name	Complete Address
Kaylyn Brown	121 N. Plymouth Ave. New Plymouth ID. 83655
	New Plamouth ID. 83655
	7
The deneral type of husiness transpoted :	inder the assumed business name is:
The general type of business transacted u	ander the assumed business name is:
Retail Trade Transportation	on and Public Utilities
☐ Wholesale Trade ☐ Construction	า
Services Agriculture	Submit Cartificate of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
F	Nome and \$25.00 for to:
☐ Finance, Insurance, and Real Estate	e
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
V 11. 12	Basement West
Kiddie Korner	PO Box 83720 Boise ID 83720-0080
Po Box 491	208 334-2301
New Plymouth ID. 83655	200 007-2001
•	nent Phone number (optional):
5. Name and address for this acknowledgm	Tent Thore number (optional).
CODY IS (if other than # 4 above):	
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	Secretary of State use only
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and Namo: V suprature required)	sed 04/2003
ed Name: Kaulun Rown	1 9 E

IDAHO SECRETARY OF STATE

03/02/2006 05:00

CK: 1227 CT: 158010 BH: 940642

1 0 25.00 = 25.00 ASSUM NAME # 2

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