## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 1 55 PM '00 Pursuant to Section 53-504, Idaho Code, the undersigned 4 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the tainstiction of business is: Kid's Kampus Learning Center 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Joe Chance 1074 N Glmabbu 1074 N Glenabby 3. The general type of business transacted under the assumed business name is: (mark only those that apply) **Retail Trade** Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Services Mining Phone number (optional): 853-4247 4. The name and address to which future correspondence should be addressed: Kampus Submit Certificate of Assumed Business w. State Street, Ste A Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 08/04/2000 09:00 Signature: Sue Chance CK: 3537 CT: 134391 BH: 338969 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name: Sue Chance corptforms\abn.p65 Capacity: D37945 (see instruction #8 on back of form)