

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

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

Kimberly Day Care

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

Name

Complete Address

Edna Louise Hayes 710 Locust Kimberly Idaho  
83341

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Edna Louise Hayes  
710 Locust  
Kimberly, Idaho 83341

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

\_\_\_\_\_  
\_\_\_\_\_

Signature:

Edna Louise Hayes

Printed Name:

Edna Louise Hayes

Capacity:

Owner Operator

(see instruction # 5 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/1997 09:00  
CR: 3861 CT: 03379 IN: 27445

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