

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

2017 AUG -7 AM 9: 29

1 The assumed husiness name which the u	SECRETARY OF STATE ndersigned use(s) in the transaction of business is:
Children's House	•
the assumed business name (do not include	
Brooke Allen 1020 ((Name) (Address)	Centennial Dr. Twin Falls, 10 8330
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted u	inder the assumed business name is:
☐ Retail Trade ☐ Constru ☐ Wholesale Trade ☐ Agricul ☐ Services ☐ Manufa	
4. Mailing address for future correspondence	5. Name and address for this acknowledgment copy is (if other than # 4):
Children's House Montes 1020 Centennial Dr.	(Name)
(Address) Twin Falls D 83 (City) (State) (Zipco	(Address) (City) (State) (Zipcode)
Printed Name: Brooke Allen	Secretary of State use only
Signature: Ballen	IDAHO SECRETARY OF STATE
Printed Name:	08/07/2017 05:00 CK:8023 CT:343735 BH:1597008
Signature:	1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	- D196274

Rev. 08/2015