

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 JAN 31 AM 9: 12

SECRETARY OF STATE STATE OF IDAHO

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.

The assumed business name which the undersigned use(s) in the transaction of	
business is: Like Day	Care
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Stephine Herting 141.	ntity or individual(s) doing Complete Address CN 9th St
stephine Herring III	our d'Alone FD
	93814
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pub	olic Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Stephine Herting 1915 9th St Coeur d' Marchene 10 Name and address for this acknowledgment copy is (if other than # 4 above):	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 Phone number (optional): 765-5074
	Secretary of State use only
Signature: Massey Jest Jest Jest Jest Jest Jest Jest Jest	IDAHO SECRETARY OF STATE Ø1/31/2007 Ø5=00 CK: 2347 CT: 289163 BH: 1629795 CK: 2347 CT: 289163 BH: 1629795

D107744