

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO **OCT 29 AM 9:26**
Pursuant to Section 53-504, Idaho Code, the undersigned **STATE**
gives notice of adoption of an Assumed Business Name **IDAHO**

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

KOUNTRY KIDS 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

WENDY RASMUSSEN

Complete Address

400 WEST 227 SOUTH
JEROME, ID 83338

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: Phone number (optional): 324-1041

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

D.L. EVANS

P.O. BOX 87

TWIN FALLS ID 83303

Signature: *Wendy Rasmussen*

Printed Name: WENDY RASMUSSEN

Capacity: OWNER

(see instruction # 8 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

10/29/1998 09:00
CK: 990 CT: 106837 IN: 157235

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 19480