FILED EFFECTIVE



Signature:_____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2017 MAY 19 AM 10: 41

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: <u>Tiny Miracles Learning Center</u> The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):		
2.			
	Pamela Hankins	3262 W Hatch Court Meridian Id 83646	
	(Name)	(Address)	
	Christopher Hankins 3262 W Hatch Court Meridia		t Meridian Id 83646
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
_	The common three of the		
3.		iness transacted under the	e assumed business name is:
	Retail Trade	Construction	Transportation and Public Utilities
	Wholesale Trade	Agriculture	Mining Mining
	★ Services	Manufacturing	Finance, Insurance, and Real Estate
4.	Mailing address for future	e correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
	(Name)		(Name)
	3262 W Hatch Ct		
	(Address) Meridian Id	83646	(Address)
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)
Pri	nted Name: Pamela Han	ikins	Secretary of State use only
Sig	gnature: Camula A	asken	
Pri	nted Name: Christopher	Hankins	IDAHO SECRETARY OF STATE
Sig	gnature:	airshing	05/19/2017 05:00 CK:4107 CT:339874 BH:1584913 10 25:00 = 25:00 ASSUM NAME #2
Pri	nted Name:		16 50.00 - 50.00 Mana mame #2

Rev. 08/2015

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