

FILED**CERTIFICATE OF ASSUMED BUSINESS NAME**

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



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:

Grandma's House 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
<u>Monna J. Casper</u>	<u>565 Bob-o-link</u>
	<u>Idaho Falls, Id</u>
	<u>83401</u>

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): 208-524-3072

565 Bob-o-link
Idaho Falls, Id
83401

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

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
IDAHO SECRETARY OF STATE

11/12/1999 09:00
CR: 72848 CT: 23334 IN: 265640

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Monna CasperPrinted Name: Monna CasperCapacity: Owner

(see instruction # 3 on back of form)

Rowson 2/97

3 kcp/ormstbn pmb

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