d ^r	CERTIFICATE OF A	SSUMED BUSINESS NAME
ac	doption of an Assumed Business Nan The assumed business name which business is:	ho Code, the undersigned gives the liggs of the light of the undersigned use(s) in the transaction of
	24-1 Day	Care
2.	business under the assumed busine	
	<u>Name</u>	<u>Address</u>
	Shenyl RoJAS	145 GarField. I.F. Ida.
	The general type of business transa Child Call See categories on the reverse The name and address to which core	respondence should be addressed:
••	24-7	
	966 Lincoln Rd	2. Idaho fallo, Ida. 83401
	Sign By	ned E Mary Ry 24-7 Day (c/)
	Cap	pacity Sole Proprietor
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	IDAHOSECRETARYORS CATATORS only 8