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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. Act 8: 37 1. The assumed business name which the undersigned use(s) in the transaction of business is: STATE OF IDAHO TENDER CARE ACADEM 2	
2. The true name(s) and business address(es) business under the assumed business name Lisa A. <u>Handing</u>	of the entity or individual(s) doing e is/are: <u>Complete Address</u> 1720 S. CUCHIS BOISE ID 8370 S
 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future phone number (optional): 208-377-4649 Agriculture should be addressed: 	
_Lisa Harding <u>1720 S. Curfis</u> <u>Boise ID 83705</u> 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
Signaturer Acco Hourig	IDONOLISEERFUNRYLAE SLOUEnly 04/12/2001 09:00 CK: 1005 CT: 144969 BH: 390746 1 E 20.00 = 20.00 ASSUM WANE # 2 DUUT