

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

) 146635

11 APR -6 AM 8: 27

SECRET BY OF STATE
STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the undersigned use(s) in the transaction of business is:	
Families First Service	Coordination
2. The true name(s) and <u>business</u> address(estates) business under the assumed business name Name Yolanda L Deleon Jesus Deleon	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities n Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 121 W Madison #101 Caldwell, ID 83605	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
Signature: <u>Unlauda Ol felon</u>	-
Printed Name: Yolanda L Deleon	-
Capacity/Title: Owner	IDANO SECRETARY OF STATE
Signature: AND COLORS	04/06/2011 CV. NO CHECK # C7: 257436 BH: 1267889
Printed Name: <u>Jesus Deleon</u>	CK: NO CHECK # 25.00 ASSUM NAME # 2
Capacity/Title: <u>Owner</u>	- 1 2466-

abn.pmd Rev. 07/2010