

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the under business is:	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name ENNIFERS. MATHER	of the entity or individual(s) doing
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Little Ones Day (Mulicipal Control of the Control of th	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
Signature: Signature: Signature: Signature: Signature: Signature: Signature required) Printed Name: JENNI FER S. MATHER Capacity/Title: OWNER	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 93/39/2004 05:00 CK: 2621 CT: 158010 BH: 736200 1 9 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	074714