Capacity/Title: Manager

227



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2012 JAN -4 AM 9: 2

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

SEUNLIARY UF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Papa Bear Daycare	
 The true name(s) and <u>business</u> address business under the assumed business n 	· · · · · · · · · · · · · · · · · · ·
<u>Name</u>	Complete Address
A2SHP, LLC	1301 E 17th St., Suite 1, Idaho Falls, Idaho 83404
W 97152	
The general type of business transacted	under the assumed business name is:
Retail Trade Transportat	ion and Public Utilities
☐ Wholesale Trade ☐ Construction	on
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Papa Bear Daycare	PO Box 83720
1301 E 17th Street, Sulte 1,	Boise ID 83720-0080
Idaho Falls, Idaho 83404	208 334-2301
. Name and address for this acknowledgm	nent
CODY IS (if other than # 4 above):	
	. Secretary of State use only
nature: Kyl Mars 6	
nature:	-
nted Name: Jeff Struchen	-
pacity/Title: Manager	_ [
gáture: VIII	_
ted Name: Tina Miller	IDAHO SECRETARY OF
VW 1 1M111V8	_ 01/04/2012 (

abrupmo Rev. 07/2010

IDAHO SECRETARY OF STATE 01/04/2012 05:00 CK: 868250 CT: 172899 BH: 1384396 1 0 25.00 = 25.00 ASSUM NAME 1 2

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