

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 2004 APR 14 AM 9: 02

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

The assumed business name which the undersigned	STATE OF IDAHO Use(s) in the transaction of
business is: Pumpkin Patch	Childcare
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Shelley S. Brooks W. 135	ntity or individual(s) doing Complete Address 553 Harmon Ave 83854 53 Harmon Ave Post Salls ID
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
☒ Services☒ Manufacturing☒ Mining☒ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Pumpkin Patch Childrage 13289 W. Badine Ave. Post Falls, TD 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 964-9739
Pu p65	Secretary of State use only

Signature

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

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04/14/2004 05:00 CK: 2771 CT: 156010 BH: 739127 1 0 25.00 = 25.00 ASSUM NAME # 2