



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

Dec 31 3 45 PM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRET

STATE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Loving Hands Childcare Center

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Meghan Anderson

490 E 2nd N. Ntn Home ID 83647

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Meghan Anderson

490 E 2nd N

Ntn Home Id 83647

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Meghan Anderson

Printed Name: Meghan Anderson

Capacity: _____

(see instruction # 8 on back of form)

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

Phone number (optional):

580-2103

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
12/31/2001 05:00
CK: 2113 CT: 155165 BH: 437404
1 @ 20.00 = 20.00 ASSUM NAME # 2

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