

CERTIFICATE OF ASSUMED BUSINESS NAME

09 OCT 13 PM 1: 17

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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1. The assumed business name which the und business is:	dersigned use(s) in the transaction of
Tad Pole P	re-School
The true name(s) and business address(es) business under the assumed business name	
Name	Complete Address
Tracy Folsom	528W.200N.
	Black Foot, ID
	83221
3. The general type of business transacted und	der the assumed business name is:
	and Public Utilities
	and Public Guides
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Tracy Folsow	Secretary of State 700 West Jefferson Basement West PO Box 83720
528 W DOON Blackfoot, ID 83221	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme	nt Phone number (optional):
CODY is (if other than # 4 above):	
	Secretary of State use only
nature: / lacy Falson	IDAHO SECRETARY OF STATE 10/13/2009 65:0 CK: 1271 CT: 15888 981: 1190 CK: 1271 CT: 15888 981: 1190
nted Name: Tracy Folsom	EDANO SECRETARY OF STATE
pacity/Title: OUY) CV	10/13/2009 05:0 CK: 1271 CT: 158818 BH: 1198
(see Instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM WH

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