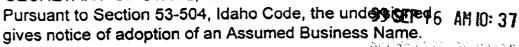
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE. STATE OF IDAHO





1. The assumed business name which the undersigned use(s)ப்பு நிற முன்கே action of business is: STAGGGIPS DAY CARE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Eric Hall Holly Hall Diane and Robert stagie 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Submit Certificate of Assumed Business lantico Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only

Printed Name: No

Capacity: Mana

(see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM MANE # 2

1,29423