

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

99 SEP 16 AM 10:37

SECRETARY OF STATE

1. The assumed business name which the undersigned uses in the transaction of business is:

STAGGIE'S 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:

Name Complete Address  
Eric Hall 1203 Atlantic ST.  
Holly Hall Idaho Falls, ID  
Diane and Robert Staggie 83404

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional):

Eric Hall  
1203 Atlantic  
Idaho Falls, ID  
83404

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

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

Secretary of State use only  
IDAHO SECRETARY OF STATE

09/22/1999 09:00  
CK: 72511 CT: 25554 BH: 251900

1 @ 20.00 = 20.00 ASSUM NAME # 2

29423

Signature:

Robert A. Staggie

Printed Name:

Robert A. Staggie

Capacity:

manager

(see instruction # 8 on back of form)

Revision 2/97

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FILED

99 SEP 22 AM 9:15