



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2006 AUG -4 PM 4:44
SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

McCall Child Development 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

Jo Garrison

P.O. Box 1116, McCall, Id 83638

Laura Tenison

P.O. Box 754, New Meadows Id 83654

Metra Apps

P.O. Box 741, McCall Id 83638

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:

McCall Child Development Center
Idle Park Street, Suite 127
McCall, Id 83638

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional): _____

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

Signature: Jo Garrison

(signature required)

Printed Name: Jo Garrison

Capacity/Title: Developmental Specialist

(see instruction # 8 on back of form)

Secretary of State use only

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IDaho SECRETARY OF STATE
08/07/2006 05:00
CK: 879651 CT: 172099 BH: 968622
1 @ 25.00 = 25.00 ASSUM NAME # 2