CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.)

	gives notice of adoption of an Assi	umed Busin	ress Name. Staffer
1.	The assumed business name which the under business is:		e(s) in the transaction of
	Little People Learning Cen	ater	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Jodi Erickson 13		nplete Address ur St. Chlovell, IO 83605
3.	The general type of business transacted und	er the assu	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future correspondence should be addressed:		
	Jodi Erickson 2732 S. San Marco Pl.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		revision 12/99	Secretary of State use only IDAHO SECRETARY OF STATE 08/22/2000 09:00

Signature:≤

Printed Name: Jadi Erickson

Capacity: (see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM MAME # 2

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