## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To t	the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Cod gives notice of adoption of an Assumed	e, the und <b>@</b> sj	me: 47 10:45	
	The assumed business name which the urbusiness is:	_ ·	te por the transa	action of
	The Kids Sh	0P	-10	<del></del>
2.	The true name(s) and business address(edusiness under the assumed business name <u>Name</u>	me is/are:	or individual(s)	doing
	Heather Schlund P.O.		Box 607	
	HEUTHER SCHILLIO		, Idaho	83328
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	□ Retail Trade □ Manufacturing   □ Wholesale Trade □ Agriculture   ☒ Services □ Construction	Fin	ansportation and nance, Insurance ning	Public Utilities e, and Real Estate
4.	The name and address to which future correspondence should be addressed:  The Kids Shop  P. O. Box 607		Submit Certific Assumed Busi Name and \$20	iness
E	Filer, Id 83328  Name and address for this acknowledgment	ent	Secretary of S 700 West Jeff Basement We	erson est ,
J.	copy is (if other than # 4 above):	O. I.	PO Box 83720 Boise ID 8372 208 334-2301	20-0080
		197	Secretary of Sta	
		vision 2/97	01/14/20 CX: 1190 CT: 125	

Signature: Heather Schler

Printed Name: Heather Schlund

Capacity: Owner/Operator

(see instruction # 8 on back of form)

1 0 20.86 = 28.88 ASSUM MAME # 2

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