

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECT *

15 AUG - 2 AA II: I

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersigned use(s) in the transaction of business is: One of the control	
Govinda's Day Care	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
At the constant	·
Nother Wanty 1621 Alicia Wanty 1621	Martha St Boise, ID 83706 Martha St Boise, ID 83706
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pu Wholesale Trade Construction	blic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Buise, ID 83706	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than #4 above):	208.331.7978
Boist, ID 83706	Secretary of State use only
Signature:	0102950
Printed Name: 11 11 11 11 11 11 11 11 11 11 11 11 11	IDAHO SECRETARY OF STATE 08/02/2006 05:00
Capacity/Title:	08/02/2006 05:00 CK: 562 CT: 158010 BH: 968067 1 0 25.00 = 25.00 ASSUM NAME #: