

CERTIFICATE OF ASSUMED BUSINESS NAME 2006 APR 27 AM 9: 00

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

SECRETARY OF STATE STATE OF DAHO

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

business is: The Educat	ion	Station
2. The true name(s) and business address(business under the assumed business name Name Trucy Alvarez	ame:	entity or individual(s) doing Complete Address C yake Avenue Ley, FD 83318
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction	on and Pu	assumed business name is:
Services	e	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Tracy Alvarez 2040 yale Ave. Burky, FD 83318		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	ient	Phone number (optional):
		208 878 -7222
		Secretary of State use only
nted Name: Tracy A. Alvarez pacity/Title: Preschool Dwner/ teacher	g-koorpiformstabn formstabn p65 Revised 04/2003	IDAHO SECRETARY OF STATE 94/27/2006 05:00 CK: 2047 CT: 158010 BH: 951559 1 8 25.00 = 25.00 ASSUM NAME #