



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2006 MAY 30 AM 10:00
SECRETARY OF STATE
STATE OF IDAHO

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

LITTLE DREAMERS DAYCARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

KARLA A. EVANS

Complete Address

407 CEDAR PARK LANE NAMPA ID 83686

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:

KARLA A. EVANS

407 CEDAR PARK LANE

NAMPA ID 83686

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

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

Phone number (optional):

Signature: Karla A. Evans
(signature required)

Printed Name: Karla A. Evans

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\stat\formstatn.pdf5
Revised 04/2003

Secretary of State use only

0100334

IDaho SECRETARY OF STATE
05/30/2006 05:00
CK: 2213 CT: 158818 BH: 957110
1 @ 25.00 = 25.00 ASSUM NAME # 2