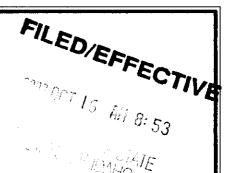


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



| 1. The assumed business name which the under business is: LORIS DAYCARE | rsigned use(s) in the transaction of |
|--|--|
| 2. The true name(s) and business address(es) of business under the assumed business name: Name LORI ROSINBLAD MARK ROSINBLAD S | |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: LORT'S DAYCARE DAYCARE DA | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Signature: Mark RoseNBLAD Capacity/Title: CFO | Secretary of State use only Secretary of State use only 1000000 Person 100000 SECRETARY OF STATE 10/16/2002 05:00 CK: 1146 CT: 158010 BH: 576302 1 9 26.89 = 29.99 OSSIM MOME # 2 |

D59127