



# 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**

07 NOV -5 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

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

business is: CANDY O'BRIEN'S BOUTIQUE

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

Name Complete Address  
ATSUKO SCHLESINGER 7338 CALAMONTE LN.  
COEUR D'ALENE, ID 83815

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assum  
 Name:

- 4. The name and address to which future correspondence should be addressed:**

CANDY O'BRIEN'S BOUTIQUE  
210 E. SHERMAN AVE., STE 105  
COEUR D'ALENE, ID 83814

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

ATSUKO SCHLESINGER  
7338 CALAMONTE LN  
COEUR D'ALENE ID 83815

**Signature**

(signature required)

**Printed Name:**

ATSUKO SCHLESINGER

**Capacity/Title:**

OWNER

(see instruction # 8 on back of form)

**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**

**Phone number (optional):**

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
11/05/2007 05:00  
CK: NO CK# CT: 150010 BH: 1083735  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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