



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO 01 MAY 14 AM 10:31
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name

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

The Learning Center

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

Name

Complete Address

S. Madelen Rowe

383 Jacobson Rd - Sandpoint ID 83864

Randolph E. Rowe

383 Jacobson Rd -

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

Preschool

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

Phone number (optional) 208 263 2957

Madelen Rowe

383 Jacobson Rd

Sandpoint ID 83864

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

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

Secretary of State use only
 IDAHO SECRETARY OF STATE

05/14/2001 09:00
 CK: 3312 CT: 80060 BH: 397046

1 @ 20.00 = 20.00 ASSUM NAME # 2

ID45278

Signature:

S. M. Rowe

Printed Name:

S. M. Rowe

Capacity:

Director

(see instruction # 8 on back of form)

Revision 12/99

g:\corp\forms\abn.p65