

# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**



To the SECRETARY OF STATE, STATE OF IDAHO

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:

Wiggles & Giggles Childcare

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
<u>Camille Blasius</u>	<u>1959 Sherry Dr Twin Falls Id</u> <u>83301</u>
_____	_____
_____	_____

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 735-5020

Camille Blasius

P.O. Box 5414

Twin Falls Id 83303

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

Signature: Camille Blasius

Printed Name: Camille Blasius

Capacity: owner (President)

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE only

04/03/2000 09:00  
CK: 2478 CI: 129253 BH: 305327

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 34645

Revision 2/97

g:\corpforms\abn.pmf