

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the under	rsigned use(s) in the transaction of
business is: Baby Haven	`
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Lisa Swanson	
3. The general type of business transacted unde	er the assumed business name is:
Total 11000	nd Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Lisa Swanson  224 N 13 <sup>TD</sup> Ave  Pocatello, ID 83201	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): 。208-234-1100
	Secretary of State use only
	원 전
Signature: Signature Sugnature required)  Printed Name: USA SWANSON  Capacity/Title: OWNER	IDAHO SECRETARY OF STATE    O2/24/2006 05:00
(see instruction # 8 on back of form)	1)9682