

227



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

2009 JAN -5 PM 1:21

SECRETARY OF STATE
STATE OF IDAHO

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

All About Kids Occupational Therapy

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

Name
Family Center of Occupational Therapy Inc.

Complete Address
1218 Division Ave, Ste 102, Sandpoint, ID 83864

(C181401)

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

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

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

All About Kids Occupational Therapy
1218 Division Ave, Ste 102
Sandpoint, ID 83864

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: S. Mary Quinn-Hurst

(Signature required)

Printed Name: S. Mary Quinn-Hurst

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2009

IDAHO SECRETARY OF STATE
01/05/2009 05:00
CK: 186818 CT: 172899 BH: 1158794
1 @ 25.00 = 25.00 ASSUM NAME # 4

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