



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.

2015 JUL 20 AM 9:37

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Sanctuary: Counseling & Psychological Testing

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

<u>Name</u>	<u>Complete Address</u>
<u>T-Help LLC (W 75201)</u>	<u>14353 W. Chubbuck rd.</u>
<u>_____</u>	<u>Pocatello, ID 83202</u>
<u>_____</u>	<u>_____</u>

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Daniel Traughber Ph.D.
14353 W. Chubbuck rd.
Pocatello, ID 83202

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

Signature: *[Handwritten Signature]*

Printed Name: Daniel Traughber Ph.D.

Capacity/Title: Clinic Director

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/21/2015 05:00
CK:1446 CT:312586 BH:1484656
1@ 25.00 = 25.00 ASSUM NAME #2

D180355