



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.

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

Northwest Educational Therapy

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

Name

Complete Address

Debbie Cooper

910 Green Tree Way, TF, Id 83301

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:

Debbie Cooper
910 Green Tree Way
Twin Falls, Id 83301

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

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

Phone number (optional):

Signature:

Debbie Cooper
(signature required)

Printed Name:

Debbie Cooper

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_form\abn.p65
Revised 09/2002

IDaho SECRETARY OF STATE
01/21/2003 05:00
CK: 2014 CT: 158010 BH: 657994
1 @ 20.00 = 20.00 ASSUM NAME # 2

Debbie

FILED/EFFECTIVE

2003 JAN 21 AM 9:30

STATE OF IDAHO