



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

08 OCT 16 AM-9:29

**SECRETARY OF STATE
STATE OF IDAHO**

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

1st Choice Personal Assistance Services

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

Disability Action Center - NW, Inc.

124 East 3rd St., Moscow, ID 83843

(C160095)

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:

Disability Action Center - NW, Inc.

124 East 3rd St.

Moscow, ID 83843

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):

Secretary of State use only

0125579

Signature:

(signature required)

Printed Name:

Mark Leeper

Capacity/Title: CEO/Executive Director

(see instruction # 8 on back of form)

8-topformstbn formstbn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/16/2008 05:00
CK: 16767 CT: 154944 BH: 1140388
1 # 25.00 = 25.00 ASSUM NAME # 2