

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

University Cities Communication Disorders Services

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

Cindy Goff Name 1220 Alder Ave Lewiston, Id. Address
83501

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

Speech therapy

See categories on the reverse

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

Cindy Goff
1220 Alder Ave
Lewiston, Id 83501

Signed

Cindy Goff

By

Capacity

Speech Path - Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96

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11/25/2002 05:00
CK: 695 CT: 150010 BH: 640026
1 @ 20.00 = 20.00 ASSUM NAME # 2

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