

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 JUN 18 AM 11:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Competent Forensic Evaluative 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

Michael R. Sorrell

2900 North Government Way Suite 413 Couer D Alene ID
 83815

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:

Competent Forensic Evaluative Services

2900 North Government Way Suite 413

Couer D Alene, ID 83815

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

Signature: Michael R. Sorrell

Printed Name: Michael R. Sorrell

Capacity/Title: Sole Proprietorship-business

Signature: Michael R. Sorrell

Printed Name: Michael R. Sorrell

Capacity/Title: Sole Proprietorship-business

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2013 05:00
CK: 1444214 CT: 172099 BH: 1378597
1 @ 25.00 = 25.00 ASSUM NAME # 2

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