

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 MAY 29 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

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

NexGen Mental Health & Wellness

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Donna J. Christensen 3152 S. Bown Way, Suite # 101, Boise, ID 83706

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☒ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Donna J. Christensen

(Name)

3152 S. Bown Way, Suite 101

(Address)

Boise ID 83706

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Donna J. Christensen

Signature: *Donna J. Christensen*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/29/2018 05:00

CK:6172 CT:358403 BH:1645895
1@ 25.00 = 25.00 ASSUM NAME #2

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