



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
02 APR 24 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

Alliance Family Services North

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

Tracey Lange

2509 Aspen Way, Sandpoint, ID 83864

Fred Lange

2509 Aspen Way, Sandpoint, ID 83864

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:

Fred and Tracey Lange

2509 Aspen Way

Sandpoint, ID 83864

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):

same as #4

Phone number (optional):

265-5049

Signature: Tracey Lange

(signature required)

Printed Name: _____

Tracey Lange

Capacity/Title: _____

Co-owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\forms\labn.pdf
Revised 01/2001

IDAHO SECRETARY OF STATE
04/24/2002 05:00
CK: 1937 CT: 150010 BH: 461246
1 @ 20.00 = 20.00 ASSUM NAME # 2

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