



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

02 SEP 18 PM 4:48

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Idaho Group Psychotherapy Network

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

Name

Charles S. Pohl President

Complete Address

2424 N. 34th St. Boise ID 83703

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:

Charles S. Pohl MSW/CAP
2424 N. 34th St
Boise ID 83703

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):

Phone number (optional):

345-6939

Signature: Charles S. Pohl

(Signature required)

Printed Name: Charles S. Pohl

Capacity/Title: President

(see instruction # 8 on back of form)

corpformslab formstabcn-p65
Revised 07/2002

Secretary of State use only

IDaho SECRETARY OF STATE
09/19/2002 05:00
CK: CASH CT: 158810 BH: 489137
1 @ 20.00 = 20.00 ASSUM NAME # 2

DS \$45