

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.

2003 JUN 30 AM 8: 35

STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of S. Hauder, Licensed Clinical Professional Courselor business is: 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 2102 N20th St. Boise, ID 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than #4 above):

Secretary of State use only

Morms\abn forms\abn.g Revised 04/2003 (850)C

IDAHO SECRETARY OF STATE

06/30/2003 05:00

CK: 95 CT: 158010 BH: 688488

1 0 25.00 = 25.00 ASSUM MANE # 3

Signature: Reluccas Anualus (signature required)

Printed Name: <u>Rebevea S. Hauder</u>

Capacity/Title: fresident

(see instruction # 8 on back of form)