



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.

2004 FEB -9 PM 8:36
CLERK OF STATE
IDAHO

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

Tohidu Mental Health

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
<u>Wanda G. Fox</u>	<u>403 S. Fourth Ave.</u>
	<u>Sandpoint, Id. 83864</u>

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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Tohidu Mental Health
P.O. Box 1994
Sandpoint, Id. 83864

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

Phone number (optional):

Secretary of State use only

D 112870

Signature:

Wanda G. Fox
(signature required)

Printed Name:

WANDA G. FOX

Capacity/Title:

Director

(see instruction # 8 on back of form)

g:\compforms\albn forms\albn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
02/06/2004 05:00
CK: 9764 CT: 150010 BH: 725954
1 @ 25.00 = 25.00 ASSUM NAME # 2