

CERTIFICATE OF

CERTIFICATE OF ASSUMED BUSINESS NAME FEB - 6 AM 11: 23

Pursuant to Section 53-504, Idaho Code, the undersigned FEB - 6 AM 11: 23 submits for filing a certificate of Assumed Business NAME RETARY OF STATE STATE OF IDAHO

STATE OF IDAHO NOTE: See instructions on reverse before filing.

Answers-Recovery Center & Counseling Services 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
DLCP, Inc.	206 E. Kite Drive, Eagle, Idaho 83616
C177040	
3. The general type of husiness transacted	double accurred business.
The general type of business transacted un	ider the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Curtis Sawyer	PO Box 83720
206 E. Kite Drive	Boisé ID 83720-0080 208 334-2301
Eagle, ID 83616	
5. Name and address for this acknowledgme	nt Phone number (optional):
COPy is (if other than # 4 above):	

	Secretary of State use only
	22
nature: River careful.	IDAHO SECRETARY OF STATE OR 100 100 100 100 100 100 100 100 100 10
(signature required)	MZDCS
nted Name:Curtis Sawyer	Applied to the state of the sta
pacity/Title: Shareholder	IDAHO SECRETARY OF STATE
	8 62/06/2008 65: CK: 94437 CT: 28168 BH: 185