CERTIFICATE OF	
ASSUMED BUSINESS N/	
Pursuant to Section 53-504, Idaho Code, the unc	dersigned
submits for filing a certificate of Assumed Business Name.	
Please type or print legibly. 01 DEC -5 AN 8: 34 NOTE: See instructions on reverse before filing.	
SEURETARY OF STATE STATE	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Alliance Behavior Consulting	
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 	
Name	Complete Address
Travis P. Leach 545	59 S. Caper H. Boise, 1D. 83716
Tracey O. Lange 250	4 Aspen Way, Sandpaint, 10. 83864
Fred W. Lange 250°	Aspen Way Sandpoint, 10. 83864
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
X Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Tracey O. Lanae	PO Box 83720
2509 Aspen Way	Boise ID 83720-0080 208 334-2301
Sand Point, 10. 53864	200 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	(208)265-5049
	Secretary of State use only
¥	
Signature: <u>Macy</u> Jango	
Signature: <u>Macy</u> OLange Printed Name: <u>Tracey OLange</u> Capacity: <u>Cowner</u>	IDAHO SECRETARY OF STATE 12/05/2001 05 = 00 CK: 3844 CT: 186916 BH: 432826 CK: 3844 CT: 186916 BH: 432826
Capacity: Co awner	1 @ 29.00 = 20.09 ASSUM NAME # 2
(see instruction # 8 on back of form)	050296