



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

11 SEP -6 AM 9:05

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Rawlings Community Counseling

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

Treva Rawlings & Chris Rawlings 7174 Main St, Suite A

Rachel Webster Bonners Ferry ID 83805

Adam Kusler

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:

Rawlings Community Counseling

PO Box 1235

Bonners Ferry ID 83805

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Same as above #4

Secretary of State use only

Signature: Treva Rawlings

Printed Name: Treva. R. Rawlings

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDaho SECRETARY OF STATE
09/08/2011 05:00
CK: 1146 CT: 262277 BH: 1289642
1 0 25.00 = 25.00 ASSUM NAME # 2

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