



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.

FILED EFFECTIVE

2004 JUN 23 A 9 10

CLERK OF STATE
STATE OF IDAHO

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

The Human Relations Clinic

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

The Human Relations Clinic, P. C.

1104 Ironwood Dr. Suite B, Coeur d'Alene, Id, 83814

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:

The Human Relations Clinic

1104 Ironwood Dr. Suite B

Coeur d'Alene, Id. 83814

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

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

Bruce G Boudousquie

1991 E Fountain Dr.

Post Falls, Id. 83854

Phone number (optional):

208-699-6273

Secretary of State use only

Signature: Bruce G Boudousquie

(signature required)

Printed Name: Bruce G Boudousquie

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
06/23/2004 05:00
CX: 1859 CT: 161635 BN: 762292
1 @ 25.00 = 25.00 ASSUM NAME # 3

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