



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.

08 AUG 20 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

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

Effective 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

Adelle Clawson

2267 Teton Plaza

Idaho Falls, ID 83404

- 3. The general type of business transacted under the assumed business name is:**

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

2267 Teton Plaza Dr

Idaho Falls ID

83404

**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):

Key Bank

P.O. Box 1507

Idaho Falls ID 83403

Signature:

Adelle Crumson

Printed Name:

Adelle Clawson

Capacity/Title:

Dieter

(see instruction # 8 on back of form)

Phone number (optional):

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2008 05:00
CK: 401503236 CT: 2814 BH: 1132305
1 @ 25.00 = 25.00 ASSUM NAME # 2

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