



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAY 27 PM 1:27

SECRETARY OF STATE

STATE OF IDAHO

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

Resiliency Mental Health

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Benjamin Holland

(Name)

403 W Cherry Ln, Meridian, ID 83642

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Mining

☒

Services

☐

Manufacturing

☐

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Benjamin Holland

(Name)

403 W Cherry Ln

(Address)

Meridian, ID 83642

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Benjamin Holland

Signature: *Benjamin Holland*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/27/2016 05:00

CK:3896114 CT:172099 BH:1530704

1@ 25.00 = 25.00 ASSUM NAME #2

D186889