

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Bridge Street Drug and Alcohol Alternatives

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Address

Lisa PAREYA, B7, MDCLS (PO Box) 30 Bridge St.  
Lisa Pareya St Anthony, ID 83445

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

Alcohol & Drug Assessments, Outpatient Services  
See categories on the reverse Service

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

Signed

By

Capacity

Lisa Pareya, B7, MDCLS  
Lisa PAREYA  
OWNER, operator

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/96

6:40p/Vermin/Jan.pmf

IDAHO SECRETARY OF STATE  
11/19/2001 05:00  
CK: 165181890 CT: 153745 BH: 438422  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D-19939

FILED/EFFECTIVE