## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned JAN 26 AN 9:66 submits for filing a certificate of Assumed Business Name

Please type or print legibly. NOTE: See instructions on reverse before filing.



Snake River Psychological Services	
The true name(s) and business address(es business under the assumed business name	ne: Complete Address
Steven A. Stephens, Ph.D.	2141 Coronado St, Idaho Falls, Idaho 83404
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation  Wholesale Trade Construction	n and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Steven A. Stephens	PO Box 83720
1958 Moran St.	Boise ID 83720-0080
idaho Falis, idaho 83401	208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY is (if other than # 4 above):	208-681-8232
	Secretary of State use only
0.0	IDAHO SECRETARY OF S
ature: (signature required)	2003
ed Name: Steven A. Stevens	Revised 04/2003
A Manie 7/6/6/ 14 - Cl 16/V/6/6/6	
icity/Title: Owner	IDAHO SECRETARY OF