

9/21/2012

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 JAN -8 AM 8: 52

Please type or print legibly.
Instructions are included on back of application.

OF A DELIARY OF WATE

	the undersigned use(s) in the transaction of
business is:	
Idaho Behavioral Health Emmett	
The true name(s) and <u>business</u> add business under the assumed busines     Name	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u>
Idaho Behavioral Health, Inc	2273 S. Vista Ave. #190
(C179382)	Boise, Idaho 83705
Retail Trade Transp	Submit Certificate of
Finance, Insurance, and Real	Estate Name and \$25.00 fee to:
4. The name and address to which fut correspondence should be address Idaho Behavioral Health, Inc.	000,010
2273 S. Vista Ave. #190	208 334-2301
Boise, Id 83709	
5. Name and address for this acknowl copy is (if other than # 4 above):	eagment
	Secretary of State use only
ignature: Jami land	dent
rinted Name: Tami Jone's	
apacity/Title: Presiden/	IDAHO SECRETARY OF STATE
ignature:	O1/08/2013 05:00 CK: 4699 CT: 258002 BH: 1354836 1 8 25.00 = 25.00 oscill Marc # 2
rinted Name:	1 8 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	$\overline{}$

D160204 abn.pmd Rev. 07/2010