



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2015 FEB -9 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Abundant Life and Learning

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

J & M Mental Health, Inc.

J & M Mental Health, Inc.

(C119309)

PO Box 1472 60 North Broadway St.

Blackfoot, ID. 83221

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

J & M Mental Health, ALL Attn: Blake

PO box 1472

Blackfoot, ID 83221

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: Ted Blake Kinney

Capacity/Title: CEO

Signature: [Signature]

Printed Name: Luana H. Kinney

Capacity/Title: Secretary

IDAHO SECRETARY OF STATE
02/09/2015 05:00

CK:9446 CT:306234 BH:1461072
1@ 25.00 = 25.00 ASSUM NAME #2

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