



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

08 NOV 10 AM 9:05

SECRETARY OF STATE  
STATE OF IDAHO

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

Changes Counseling Service Group

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
<u>Vayle B. Mauldin</u>	<u>Changes Counseling Group</u>
<u>1061 Blue Lakes Blvd. N. Ste. 108</u>	<u>1061 Blue Lakes Blvd. N. Ste. 108</u>
<u>Twin Falls, ID 83301</u>	<u>Twin Falls, ID 83301</u>

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

- |  |  |
|--|--|
| <input 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:

Changes Counseling Group  
1061 Blue Lakes Blvd. N. Ste. 108  
Twin Falls, ID 83301

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Vayle Mauldin  
1069 Filer Ave. W.  
Twin Falls, ID 83301

Phone number (optional):

Signature: \_\_\_\_\_

*(signature required)*

Printed Name: Vayle B. Mauldin

Capacity/Title: Owner/Director

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/10/2008 05:00  
CK: 1921 CT: 231275 BH: 1143670  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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