

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

APR 15 4 25 PM '97



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

SECRETARY OF STATE  
STATE OF IDAHO

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

The Family Counseling Center

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

Joan Schramm, M.Ed., LPE 2402 W. Jefferson, Boise

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 368-0809

The Family Counseling Center  
2402 W. Jefferson  
Boise, Idaho 83702

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 04/15/1997  
0900 83204 2  
CK #: CASH CUST# 79920  
ASSUM NAME 1@ 20.00= 20.00

# : D

Signature: Joan Schramm

Printed Name: Joan Schramm

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Revision 2/97

g:\corp\forms\abn.pms