

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

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

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

New Beginnings Counseling & Consulting

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

Name

Address

Deborah Gibson

134 8TH AVE N TWIN FALLS ID 83301

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

Counseling / Consulting primarily Substance Abuse
See categories on the reverse

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

New Beginnings Counseling & Consulting
1616 Addison Ave E
Twin Falls, Id 83301

Signed [Signature]

By Deborah Gibson

Capacity owner

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

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

03/22/2000 09:00
CK: 5163 CI: 128640 BH: 301707

1 @ 20.00 = 20.00 ASSUM NAME # 2

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