



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED/EFFECTIVE**  
07 JUL 2007 AM 9:11  
STATE OF IDAHO

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:

Family & Children Rehabilitative Services of North Idaho

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	Complete Address
<u>Bryan Gimmeson</u>	<u>2722 N. Barnes Way Idaho Falls ID 83401</u>
<u>Bruce Boudousque</u>	<u>3811 Northern Lights Pocatello ID 83201</u>

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): (208) 221-0481

Bryan Gimmeson  
1525 1/2 Main  
St. Maries, ID 83861

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

Bryan Gimmeson  
2722 N. Barnes Way  
Idaho Falls, ID 83401

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

Signature: Bryan Gimmeson

Printed Name: Bryan Gimmeson

Capacity: Principal Owner

(see instruction # 8 on back of form)

Revision 12/98

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IDAHO SECRETARY OF STATE  
07/30/2007 05:00  
CK: 2065 CT: 149371 BH: 410310  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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