ZIERONE ZOS SONO DE SONO DE COMO DE CO

S NAME

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)  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:  Crossroads Counseling & Consulting	
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	
Danielle Delis Abrams	111172 N 6th St BOKE 10 83702
The general type of business transacted under the assumed business name is:     (mark only those that apply)	
Retail Trade	
Danielle Abrams  1111 12 N. 6th St	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this-acknowledgm copy is (if other than #4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Durll Chams	Secretary of State use girly IDAHO SECRETARY OF STATE  ### 1/29/1998 ## ################################
Printed Name: Daville Abrams  Capacity: Owner - SpfPM PMP(A  (see instruction # 8 on back of form)	D11700