



CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 30 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

North Idaho Disability Services

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>Catherine L. Ballard</u>	<u>P.O. Box 624</u>
	<u>Ponderay, ID 83852</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:

North Idaho Disability
Catherine L. Ballard
P.O. Box 624
Ponderay, ID 83852

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: _____

Catherine L. Ballard
(signature required)

Printed Name: _____

Catherine L. Ballard

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corplforms\abn forms\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
07/30/2008 05:00
CK: 1035 CT: 150010 BH: 1129320
1 @ 25.00 = 25.00 ASSUM NAME # 2

D123697