

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

98 NOV 27 AM 10:33

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:

Idaho Falls 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:

Name

Address

KATHLEEN KATSEANES

(DBA) Kathleen HAMILTON MED. L.P.C.P. 1820 E. 17th St. #135

Idaho Falls, ID
83404

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

Services

See categories on the reverse

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

Kathleen Hamilton

1820 E. 17th Street #135

Signed

Kathleen Hamilton

By

Capacity

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 #

IDAHO SECRETARY OF STATE use only

11/27/1998 09:00
CK: 1121 CT: 107381 BH: 165487

1 @ 20.00 = 20.00 ASSUM NAME # 2

D20346

Revision 10/98

g:\corporations\staten\pos