

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 107 30 AM 8: 5

SECHERARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	entity or individual(s) doing
Kathleen Hosack, M.A.,M.S., L.C.P.C. 103 S. 41	Complete Address th, Suite 250, Coeur d'Alene, ID. 83814
The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Kathleen Hosack, MA, MS, LCPC	Secretary of State 450 North 4th Street PO Box 83720
103 S. 4th, Suite 250 Coeur d'Alene, ID. 83814	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
iture: State Hosaer, MR, MS, LCRC	
ed Name: Kathleen Hosack, MA, MS, LCPC acity/Title: owner	
ature:	TRAIN PERDETABLY DE C
	IDAHO SECRETARY OF S 11/30/2011 @

abn.pmd Rev. 07/2010

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