

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 OCT 12 AM 11:44

SECRETARY OF STATE  
STATE OF IDAHO

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

Alpha Counseling

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Debbie Nunez 1410 Lincoln Way Suite 200 Coeur D'alene, ID 83814

(Name) (Address)

John Huffer 1410 Lincoln Way Suite 200 Coeur D'alene, ID 83814

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Alpha Counseling

(Name)

PO BOX 1126

(Address)

Hayden, ID 83835

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Debbie Nunez

Signature: *Debbie Nunez*

Printed Name: John Huffer

Signature: *John Huffer*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/12/2016 05:00

CK:4275686 CT:172099 BH:1550442

1@ 25.00 = 25.00 ASSUM NAME #2

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