



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 APR 23 AM 10:43

SECRETARY OF STATE  
STATE OF IDAHO

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

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

S.T.E.P.S. Specialized Treatment & Educational Program Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Pamela A. Hemphill</u>	<u>1111 S. Orchard Street, Ste. 227, Boise, ID 83705</u>
_____	_____
_____	_____

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

1111 S. Orchard St., Ste 227, Boise, ID 83705

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name: Pamela A. Hemphill

Capacity/Title: Program Director

Signature: Pamela A. Hemphill

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

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**04/23/2013 05:00**  
 CK: 1371362 CT: 172099 BH: 1370754  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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