



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

05 JUL 26 PM 3: 35

SECRETARY OF STATE  
STATE OF IDAHO

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

MATCH

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

Name

Treasure Valley Children's  
Mental Health Project, Inc.

Complete Address

3173 N. 6th Road  
Boise, ID 83707

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:

3173 N. 6th Road  
Boise, ID 83707

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

208 334-8875

Signature: Kathryn R. Allenwater

(Signature required)

Printed Name: Kathryn R. Allenwater

Capacity/Title: Executive Director

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporations\formstack\p65  
Revised 04/2003

IDaho SECRETARY OF STATE  
07/26/2005 05:00  
CK: 588464 CT: 172099 BH: 823411  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 900.0