

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2817 NOV 14 AM 8: 45

1	SECRETARY OF STATE STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is:				ATE D _{is:}	
١.	Luis Cortez 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):					
	Luis Cortez	4465 N Weston Ave Meridian, ID 83646				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)				
	(Name)	(Address)			<u></u>	
3.	The general type of busin ☐ Retail Trade ☐ Wholesale Trade ☐ Services	ness transacted under th Construction Agriculture Manufacturing	I	ssumed business name is: Transportation and Public Ut Mining Finance, Insurance, and Rea	al Estate	
4.	Mailing address for future Luis Cortez (Name) 4465 N Weston Ave (Address)	correspondence:	5.	Name and address for this acknow copy is (if other than # 4): (Name) (Address)	ledgment	
	Meridian (City)	ID 83646 (State) (Zipcode)		(City) (State)	(Zipcode)	
	inted Name: Luis Cortez,	_PC		Secretary of State use only		
Pr	Printed Name:			IDANO SECRETARY OF STATE 11/14/2017 05:00 CK:203 CT:348406 BH:1611951		
Si	gnature:			16 25.00 = 25.00 ASSU	M NAME #2	
Pr	Printed Name:			D198348		
Çi.	anature:			D140210		

Rev. 08/2015