



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

11 OCT 19 AM 8:55

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

ABA DEMONSTRATION CHARTER SCHOOL

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>INTERNATIONAL TRAINING CENTER</u>	<u>329 WOODRUFF AVENUE</u>
<u>FOR APPLIED BEHAVIOR ANALYSIS</u>	<u>IDAHO FALLS ID 83401</u>
<u>C 191572</u>	

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 | |

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:

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

1110 S. BOULEVARD
IDAHO FALLS
ID 83402

Signature: [Signature]

Printed Name: USFO EDWARD ASIKMA

Capacity/Title: DIRECTOR CLINICAL SERVICES / BUSINESS OPERATIONS

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/19/2011 05:00
CK: 1284 CT: 263439 BH: 1294868
1 @ 25.00 = 25.00 ASSUM NAME # 2