

CERTIFICATE OF ASSUMED BUSINESS NAME

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

	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersign submits for filing a certificate of Assumed Business National Code (Code) (Cod	ned Office App
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: ASPENINOOD COUNSE/iN9	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Aspenwood Counseling and Behaveior Center FNC (C195607)	ntity or individual(s) doing Complete Address Box III Albion Taho 833//
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Aspenwood Counseling Box 111 Alhion Toleho 833//	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above): AME	
Signature Jant Januard Printed Name: Janet Love and	Secretary of State use only
Capacity/Title: Ye5/Nent Signature: Darrell Love/AND Capacity/Title: Secretary Tremurer	IDAHO SECRETARY OF STATE 10/12/2012 05:00 CK: 7374 CT: 275234 BH: 1343521 1 8 25.80 = 25.88 ASSUN NAME # 2
2012 abn.pmd Rev. 07/2010	D 158679