



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

10 APR 16 AM 8:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

IDAHO SCHOOL OF VERBAL BEHAVIOR

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

Name

Complete Address

HOME-LINK TRUST INC
(C165181)

1110 SOUTH BOULEVARD
IDAHO FALLS ID 83402

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:

DR. USIB-E. ASIKHA

370 FALLS DRIVE

IDAHO FALLS ID 83401

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):

AS ABOVE

Phone number (optional):

208-559 4026

Signature: [Signature]

(Signature required)

Printed Name: USIB-E. ASIKHA

Capacity/Title: REGISTERED AGENT

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/16/2010 05:00
CK: 1092 CT: 247100 DN: 1217926
1 @ 25.00 = 25.00 ASSUM NAME # 2

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