

## 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE

STATE OF DATE

2011 NW 16 MI 8: 37

|   | Ca-lene Counseling   |
|---|--|
| The true name(s) and business a business under the assumed business.  | ddress(es) of the entity or individual(s) doing ness name:   |
| Name  | Complete Address   |
| / Cathie D. Wick  | 3732 W. Pine Creek Ct, Meridian, Id 83642  |
|   |  |
|   | sacted under the assumed business name is: sportation and Public Utilities   |
| Services Ag   | Name and \$25.00 foo to:   |
| <ul> <li>Finance, Insurance, and Ref.</li> <li>The name and address to which correspondence should be addressed.</li> <li>Ca-lene Counseling</li> </ul> | uture Secretary of State   |
| 3732 W. Pine Creek Ct<br>Meridian, ID 83642   | Boise !D 83720-0080<br>208 334-2301  |
| 5. Name and address for this ackr<br>copy is (if other than # 4 above):   | owledgment Phone number (optional):  |
|   | Secretary of State use only  |
| gnature: Cuthic D. Wick   | DAHO SECRETARY OF STATE   1040   10 |
| (signature required)  | IDAHO SECRETARY OF STATE  45/16/2007 05:   |
| nted Name: Cathie D. Wick   | TO SECRETARY OF STATE   104HO SECRETARY OF STATE   105/16/2007 05:   |
| pacity/Title:Owner  | CK: 2557 CT: 158010 BH: 195  |