



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 JUL -8 AM 8:08

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Core Counseling

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
<u>Cynthia L. Platt</u>	<u>1334 Miller Ave 501 Dean St.</u>
	<u>Burley, ID 83318</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:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

Cynthia L. Platt
501 Dean St
Burley, ID 83318

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

Signature:

Cynthia L Platt
(signature required)

Printed Name:

Cynthia L Platt

Capacity/Title:

Owner (Sole Proprietor)

(see instruction # 8 on back of form)

Secretary of State use only

D140567

IDAHO SECRETARY OF STATE
07/08/2010 05:00
CK: 1211 CT: 158018 RH: 1229762
1 @ 25.00 = 25.00 ASSUM NAME #