

Capacity/Title:

9/21/2012

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.

2014 MAR 14 AM 9: 00

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: **Tatum Counseling Services** 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Thomas K. LaBombard 504 Main St. Suite 122 Lewiston, ID 83501 3. The general type of business transacted under the assumed business name is: **Transportation and Public Utilities** Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Thomas K. LaBombard Boise ID 83720-0080 **Tatum Counseling Services** 208 334-2301 1112 8th St. Lewiston, ID 83501 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Printed Name: Thomas K. LaBombard Capacity/Title: Owner / Clinical Director IDAHO SECRETARY OF STATE Signature: 03/14/2014 05:00 CK: 1108 CT: 294303 BH: 1415253 1 0 25.00 = 25.00 ASSUM NAME # 2 Printed Name: