



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JUL 19 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

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

Kaye Coaching

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

K-Counseling & Anxiety 1525 S. Owyhee Street, Boise, ID 83705

(Name) Treatment LLC

(Address)

(W 174546)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Lisa Schiro

(Name)

4814 N. Allamar Drive

(Address)

Boise, ID 83704

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Lisa Schiro

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/19/2018 05:00

CK:1153 CT:360681 BH:1654397
1@ 25.00 = 25.00 ASSUM NAME #3

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