



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

2013 APR -8 PM 2:12

SECRETARY OF STATE
STATE OF IDAHO

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:

CTP Mental Health 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

Children's Therapy Place, Inc.

6855 W. Fairview Avenue

(C135521)

Boise, ID 83704

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

Sondra McMIndes

6855 W. Fairview Avenue

Boise, ID 83704

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

Signature: Sondra McMIndes

Printed Name: Sondra McMIndes

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
04/08/2013 05:00
CK: 4830 CT: 192725 BH: 1368458
1 @ 25.00 = 25.00 ASSUM NAME # 2

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