

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

	M A220MED B02INE22	INHIN		
V 10 10	Pursuant to Section 53-504, Idaho Code, the undersigned		gned ²⁹ⁿ 2 cco.	
Wit For	submits for filing a certificate of Assumed Business Nan		gned 29n7 SEP 15 PM	
	Please type or print legibly.		\cdot	/: 57
	NOTE: See instructions on reverse before	filing	8.184. W	. ,
	NOTE. See manactions on reverse below	, ming.	Wish to the DAH	IATE
			" #[) ~
1. T	. The assumed business name which the undersigned use(s) in the transaction of			
b	business is:			
	Beehive Rehabilitation and Counseling			
_	BEENIVE RENABILITATION	1 and	. Courseling	
			U	
2. T	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing			
b	usiness under the assumed business name) :		
	<u>Name</u>		Complete Address	
	JAMIE OLSON	- 1	BOX 157 77/N.3000	-
_	THAMIE ULSON	-10 c	•	
	,	<u>Ches</u>	ster, ID. Chester, ID	
			83421 83	421
•				
ч Т	he general type of business transacted und	ler the a	assumed business name is:	
J	The general type of business danies and account a second			
	Retail Trade Transportation and Public Utilities			
	The state of the s			
	Wholesale Trade Construction			٦
	Services Agriculture		Submit Certificate of	
	Manufacturing Mining		Assumed Business	
	<u> </u>		Name and \$25.00 fee to:	1
	Finance, Insurance, and Real Estate			ł
4 . T	he name and address to which future		Secretary of State	1
	orrespondence should be addressed:		700 West Jefferson	
U			Basement West	
	Rechire Rehabilitation and Comuseli	1	PO Box 83720	1
	~ ~ ~ <i>-</i> /	7	Boise ID 83720-0080	
	10 Box 15/	_	208 334-2301	
	Chester ID. 83421			j
_			Phone number (optional):	
5.	Name and address for this acknowledgmen	It	Frione number (optional).	
	COPY IS (if other than # 4 above):			
			Secretary of State use only	
	P 6 1	18		
Signati		de 2		
Signatu	(signature required)	formstebn form: Revised04/2003	IDAHO SECRETARY OF	STATE
Printed	Name: DAMIE OLSON	Age of the second	09/15/2003 (35:00
		Revi	CK: 7765 CT: 156818 B	M: 701806 UM WANE # 2
Capaci	ty/Title: Owned	gʻcopitomsiebn formsiebn p65 Revised04/2003	1 & C1.00 - C1.00 H2.	
	(see instruction # 8 on back of form)	i Chi		