



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Karlson Counseling Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Evand & Debra Karlson

Complete Address

205 Willard

Pocatello, Idaho 83201

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☒

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 238-2117

Karlson Counseling Services

4876 Yellowstone Ave #4

Chubbuck, Id. 83202

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

Evand & Debra Karlson

205 Willard

Pocatello, Idaho 83201

Evand & Debra Karlson

Signature: Debra Karlson

Printed Name: Debra Karlson

Capacity: General Partner/owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Revision 1/98

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IDAHO SECRETARY OF STATE
10/21/2002 05:00
CK: 4149 CT: 164075 BH: 641725
1 @ 20.00 = 20.00 ASSUM NAME # 2

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