

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 SEP 29 AM 8: 20

Please type or print legibly.

NOTE: See instructions on reverse before filling.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing e:
Name Ada County Missemeanar Probation Services Inc. C151034	Complete Address  888 N. Cole Pd.  Boise, ID 33704
The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction	der the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Power County Misdemeanar  Probation Services  388 D. Cole Rd. Boise, TD 83	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	nt '

IDAHO SECRETARY OF STATE 29/29/2009 05:00 CK: 4369 CT: 221728 BH: 1188944 1 8 25.88 = 25.88 ASSUM NAME I

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