- -

| 7   | EILED EFFECTIVE   |
|---|---|
| CERTIFICATE OF  |   |
| ASSUMED BUSINESS  | = 2010 DEC -8 PM 1:   |
| Pursuant to Section 53-504, Idaho Code, t<br>submits for filing a certificate of Assumed I                                  | the undersigned   |
| Please type or print legibly.   |   |
| Instructions are included on back of ap   | plication.  |
| <ol> <li>The assumed business name which the ur<br/>business is;</li> </ol>   | ndersigned use(s) in the transaction of                               |
| Forensic Ass  | essment Services  |
| <ol><li>The true name(s) and <u>business</u> address(explicitly business under the assumed business names names).</li></ol> |   |
| Name  | Complete Address  |
| Preferred Psychological Services, P.C.  | P.O. Box 136, Almo, ID 83312  |
| CIQOV30   |   |
|   |   |
| 3. The general type of business transacted u  | nder the assumed business name is:                                    |
|   | n and Public Utilities  |
| Wholesale Trade Construction  |   |
|   | Submit Certificate of   |
| Manufacturing Mining Finance, Insurance, and Real Estate  | Assumed Business  |
|   | Name and \$25.00 fee to:  |
| <ol> <li>The name and address to which future<br/>correspondence should be addressed:</li> </ol>                            | Secretary of State  |
| Preferred Psychological Services, P.C.  | 450 North 4th Street<br>PO Box 83720                                  |
| P.O. Box 136  | Boise ID 83720-0080   |
| Almo, 1D 83312  | 208 334-2301  |
| 5. Name and address for this acknowledgme   | int   |
| COPY IS (if other than #4 above):   |   |
|   |   |
|   | Secretary of State use only   |
| Signature:  |   |
| Printed Name: Terry L. Fernandez-Tysor  |   |
| Capacity/Title: Treasurer   |   |
| Signature:  |   |
| Printed Name:   | 12/08/2010 05:00  |
| Capacity/Title:   | CK: 561816 CT: 172899 BH: 1258877<br>1 0 25.00 = 25.00 955UN NAME # 2 |
| abrupind Rev. 07  |   |
|   | D 143878  |
|   | U 17J010  |