

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 OCT 22 AM 9: 36

Please type or print legibly. Instructions are included on back of application.

SECIL TO UT STATE STATE OF DAYO

Camas Professional Counseling	
 The true name(s) and <u>business</u> address business under the assumed business n <u>Name</u> 	• •
Camas Professional Counseling, L.L.C.	83 Hwy 95 North, Grangeville, ID 83530
W36468	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Camas Professional Counseling	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
P.O. Box 627	208 334-2301
Grangeville, ID 83530	
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent Secretary of State use only
nature:	
nted Name: Tammy Everson	_
pacity/Title: Member	
nature: Namma III	- IDAHO SECRETARY OF STATE 19/23/2812 05:08
	CX: /110 U: 185//0 BH: 1344/1/ 1 P 25.00 = 25.00 ASSUM NAME # 2
nted Name:	