

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 MAR 12 PM 2:35

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Comprehensive Counseling

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

Name

Complete Address

Brom Glidden

1900 West Pine Street

Sandpoint, ID 83864

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Brom Glidden

1900 West Pine Street

Sandpoint, ID 83864

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Brom Glidden

Printed Name: Brom Glidden

Capacity/Title: Owner; Counselor

Signature: _____

Printed Name: _____

Capacity/Title: _____

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
03/12/2012 05:00
CK: 930208 CT: 172099 BH: 1314797
1 @ 25.00 = 25.00 ASSUM NAME # 2

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