## CERTIFICATE OF ASSUMED BUSINESS NAME

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



Sign

Please type or print legibly.

NOTE: See instructions on reverse before filing.

PATHWAYS COUNSELT	NG	
The true name(s) and <u>business</u> address(es business under the assumed business nam Name		ntity or individual(s) doing <u>Complete Address</u>
C. J. Enterprises, Inc.	1134	N. Orchard, Suite 206
(C-89413)		, ID 83706
The general type of business transacted u	nder the	assumed business name is:
Retail Trade Transportation		blic Utilities
Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Pathways Counseling  1134 N. Orchard, Suite 206  Boise, ID 83706		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	ent	Phone number (optional): (208) 321-7465
		Secretary of State use only
gnature: L. Cheryl Jordan  apacity/Title: President	g/corpVorms/abn forms/abn,p85 Revised 01/2001	

D51349