CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO



| Pursuant to Section 53-504, Idaho Code, the updersigned gives notice of adoption of an Assumed Business Name. AM 9: 26 | |
|--|--|
| The assumed business name which the u business is: | indersigned use(s) in the transaction of |
| A.D.I. Counseling and Psycholog | ical Services |
| !. The true name(s) and business address(e business under the assumed business na Name Kenneth C. Collenborne, Psy.D. | me is/are: <u>Complete Address</u> |
| | Boise, Idaho 83704 |
| i. The general type of business transacted to | under the assumed business name is: |
| Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction | Finance, Insurance, and Real Esta |
| The name and address to which future correspondence should be addressed: Kenneth C. Collenborne, Psy.D. | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 8801 West River Beach Lane | Secretary of State |
| Boise, ID 83714 Name and address for this acknowledgme copy is (if other than # 4 above): | 700 West Jefferson Basement West |
| | Secretary of State use only IDAHO SECRETARY OF STATE |
| ture: [Millenborne, Pay. D. | 07/03/1997 09:00 CX: 1822 CT: 83761 3H: 17746 1 8 29.88 = 28.88 ASSUM HAME |
| d Name: Kenneth C. Collenborne, Psy.D | 1 <u> </u> |
| city: Sole Proprietor | 06010 |
| (see instruction # 8 on back of form) | |