



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2005 SEP 26 PM 2:21

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Counseling Center for Children and Families

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

Barbara Robinson, LCSW

1284 E. 16th Street Idaho Falls, ID 83404

Heidi Igarashi, LCPC

1284 E. 16th Street Idaho Falls, ID 83404

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:

Barbara Robinson, LCSW

1284 E. 16th St.

Idaho Falls, ID 83404

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

same as above

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208)612-2272

Secretary of State use only

Signature: Barbara Robinson

(signature required)

Printed Name:

Barbara Robinson

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\compform\labn form\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
09/27/2005 05:00  
CK: 2294 CT: 150010 BH: 913695  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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