CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	ed Business Name.
 The assumed business name which the undersign business is: 	gned use(s) in the transaction of
J. D. COUNS	ELING
2. The true name(s) and business address(es) of the business under the assumed business name is/s Name JOHN DAVID DEWITT P.O.B	
3. The general type of business transacted under the (mark only those that apply)	he assumed business name is:
☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estat Mining
The name and address to which future Phone correspondence should be addressed:	number (optional): <u>208-452-6860</u> -
J. D. COUNSELING P.O. BOX 463	Submit Certificate of Assumed Business Name and \$20.00 fee to:
FRYITIAND, ID 83619-0463 5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
mon 1/88	IDAHO SECRETARY OF STATE
nature: John D. DeWitt 98 of form)	