

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2006 OCT -5 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

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

WEST MARRIAGE AND FAMILY 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

ALLAN LEE WEST

1920 LOCUST ST. CALDWELL, ID 83605

HARRIET LYNN WEST

1920 LOCUST ST. CALDWELL, ID. 83605

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:

ALLAN L WEST
1920 LOCUST STREET
CALDWELL, ID. 83605

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

ALLAN L WEST
1920 LOCUST STREET
CALDWELL, ID. 83605

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) 989-9265

Signature: [Signature]
(signature required)

Printed Name: ALLAN L WEST

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D104391

IDAHO SECRETARY OF STATE
10/05/2006 05:00
CK: 4941 CT: 158010 BH: 978686
1 @ 25.00 = 25.00 ASSUM NAME # 2